American Optometric Association
NEWS™

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Volume 49 November 2010 No. 7

At the AOA's State Legislative and Third Party Advocacy Meeting last month, four optometric legislators talked about what it takes to run for office and what it's like to hold state office. From left are Sen. David Heitmeier, O.D., (D-La.); Rep. Steven Tilley, O.D., (R-Mo.); Rep. Jim McClendon, O.D., (R-Ala.) and Rep. Gary Odom (D-Tenn.).

AOA convenes meeting of legislative, insurance, advocacy efforts to capitalize on health care reform

With health care reform now the law of the land, more than 275 AOA members, optometry students, legislators and consultants and AOA staff met in Denver Oct. 21-23 to learn how the profession is affected and plot a course to capitalize on changes to health care.

"A top priority in the implementation of health care reform is that vision care and treatment by optometrists be integrated into the entire health care delivery model," said AOA President Joe Ellis, O.D. "Our biggest strength throughout this process will be our ability as optometrists to present a unified front. The AOA will continue to advocate for all members of our profession toward a single goal – enabling optometrists to provide the highest level of eye care and treatment to all insured Americans."

"A top priority in the implementation of health care reform is that vision care and treatment by optometrists be integrated into the entire health care delivery model."

A key message of the meeting was one word: Access. Multiple speakers described how the AOA's efforts result-

See Meeting, page 8

Three optometric EHR products now certified for incentive program

Further ensuring that optometrists will be able to participate in the U.S. Department of Health & Human Service's (HHS) soon-to-begin electronic health record (EHR) incentive program, the department's Office of the National Coordinator of Health Information Technology (ONC) has now officially recognized the first three EHR software products as certified to meet the technical specifications required under the program.

Irvine, Calif.,-based Eyefinity/ OfficeMate announced that its OfficeMate/ ExamWRITER version 10 was certified Oct. 29 by the Certification Commission for Health Information Technology (CCHIT®), an ONC-author-

See EHRs, page 20

OD to head APHA

From left, Melvin "Mel" Shipp, O.D., Dr.P.H., MPH, and Georges C. Benjamin, MD, executive director of the American Public Health Association (APHA). Dr. Shipp was named president-elect of the APHA (see page 21).

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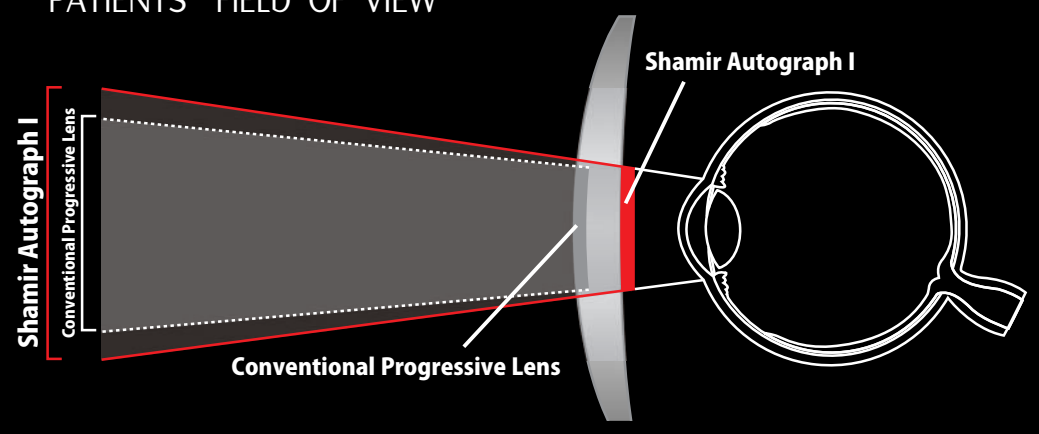

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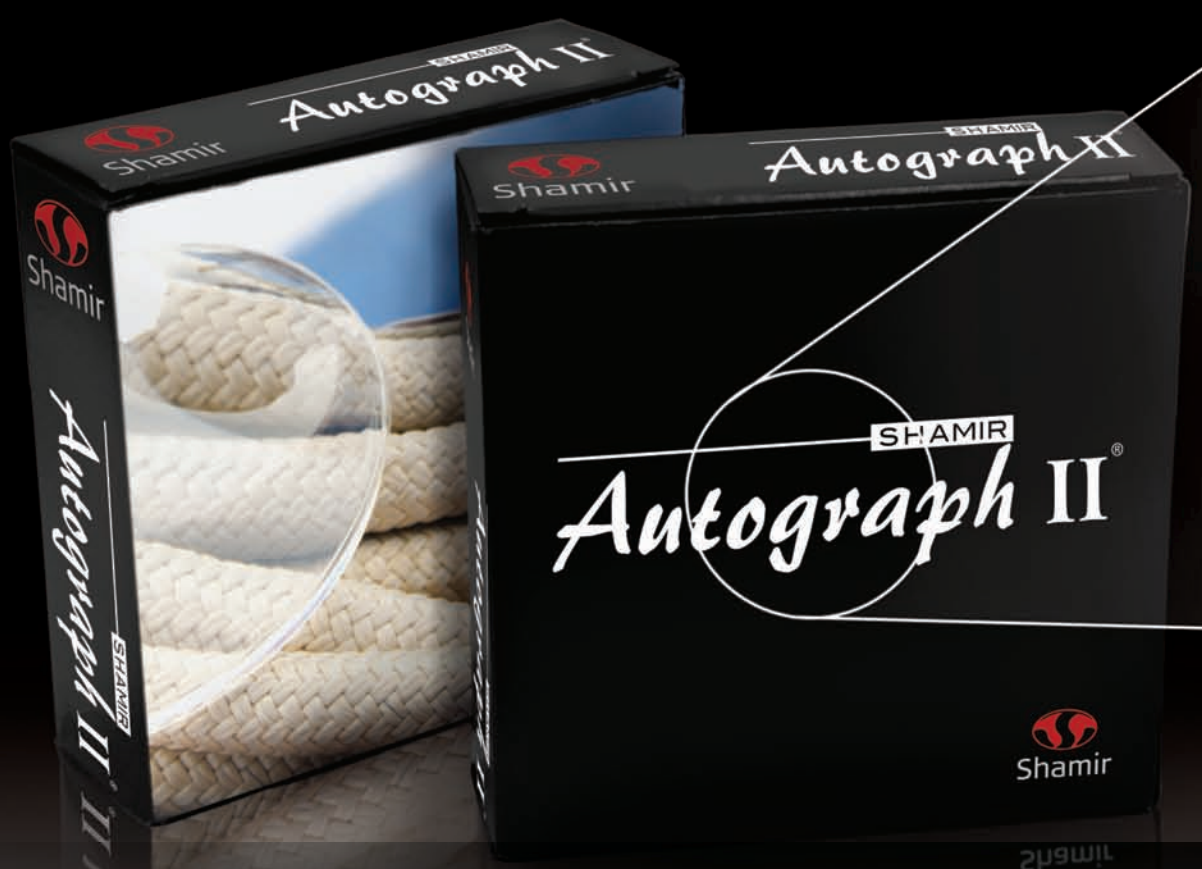

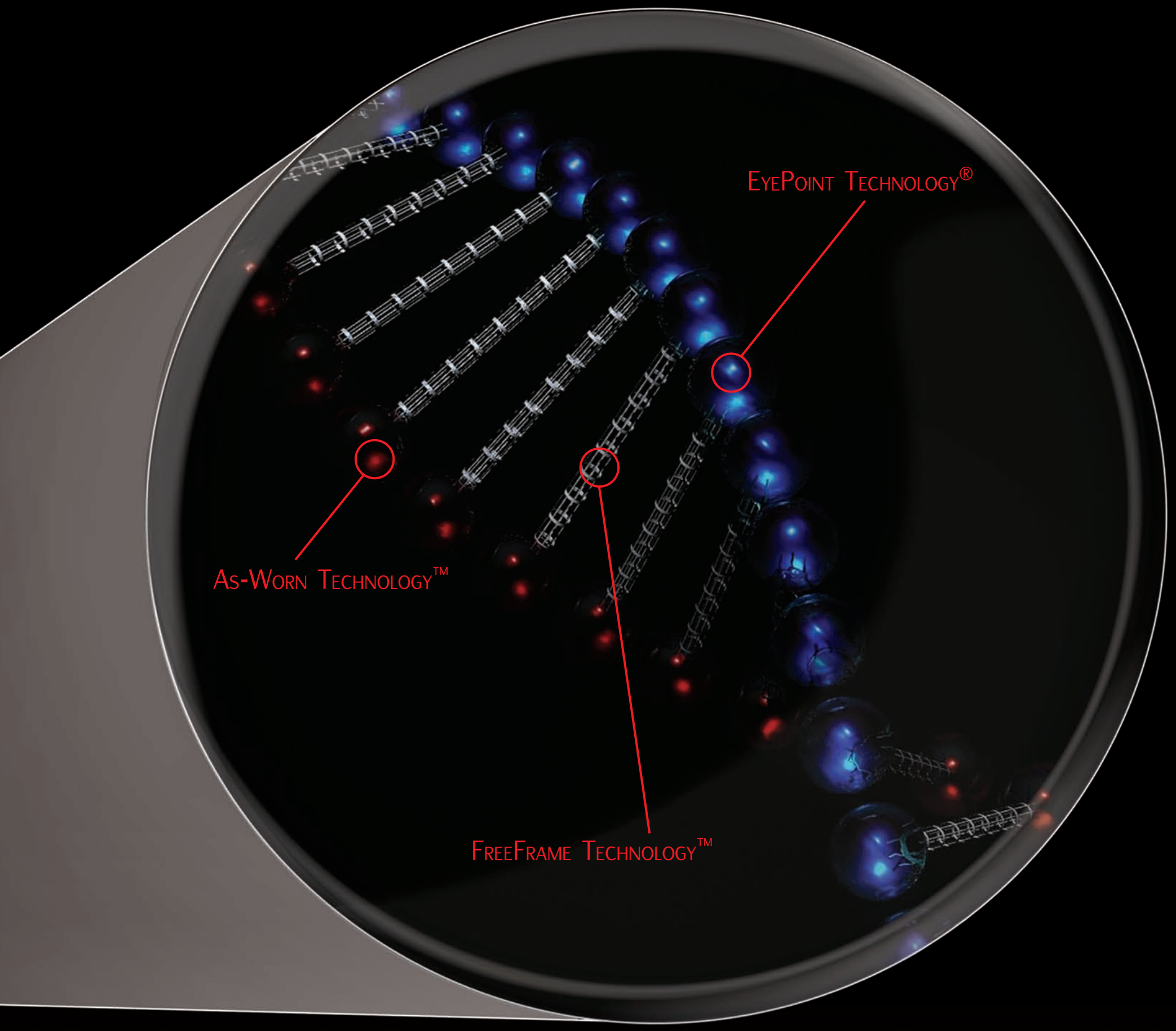

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E-discrimination!!!

With the varying forms of discrimination and challenges that we face as optometrists, each and every day, there's one form that we need not become a victim of and that's "e-discrimination."

That's right. E-discrimination.

Okay, I know some of you may be saying, "Dr Ellis, just what are you talking about?" My mantra remains the same: Access, Access, Access, and immediate Access for members of the AOA.

You've heard me say this before, but I can't say it enough. The game has changed remarkably for health care professionals, especially amid all the rapid changes within health care reform. One of the game changers in this environment is technology in general, and electronic health records (EHRs) and the creation of a Healthcare Information Exchange (HIE), in particular. We need to get on board the electronic information superhighway or we'll get left behind.

It's become crucial now for all members to act in implementing EHRs within their practice and working toward being a part of the HIEs if they hope to remain relevant, viable and competitive practitioners who provide the best possible vision care for patients. It's crucial because starting in January 2011 financial incentives from the U.S. Department of Health & Human Services (HHS) Health Information Technology for Economic and Clinical Health (HITECH) Act start to kick in.

Under the incentive program, eligible health care practitioners will be able to qualify for up to $44,000 in payments through Medicare ($48,400 in federally designated health profession shortage areas), over the course of the five-year program, or up to $63,750 through Medicaid, by implementing EHR systems that have been certified for use in the program and meeting designated EHR utilization criteria, known as the "meaningful use" standards. The reporting period, during which practitioners must demonstrate meaningful use, is just 90 days during the practitioner's first year in the program.

We need to get on board the electronic information superhighway or we'll get left behind.

Now for the e-discrimination part.

Those who adopt late or, worse yet, not at all, face discrimination on a couple of fronts. First, Medicare is scheduled to impose payment penalties on practitioners who do not become meaningful users of EHRs by 2015. And second, practitioners could find themselves excluded from participating on health care insurance panels. Even in states that have an Any Willing Provider (AWP) law, you must as a provider agree to the "terms and conditions" of the contract. In the future, health insurers will require that you have EHRs and be connected to the HIE as "terms and conditions" of the contract. This will be an additional route of discrimination, where insurers seek to limit access and save costs because of cost efficiencies afforded by EHRs. Finally, but most important, as primary providers of vision care, it is in the best interest of patients that we come on board, as EHRs can improve health care quality, safety and efficiency, which is particularly important when looking at disadvantaged and transient populations.

In the past, there were many software programs for EHRs that have received no certification to provide functions necessary for participation in the HITECH program. This is good news. There are now some "medical platforms" and even some "eye care platforms" that have achieved Certification Commission for Health Information Technology approvals. (See page 1.)

This is good news because until very recently, no optometric software had been certified, and 2011 is almost upon us. We know of several other companies that have applied for certification, so optometrists will soon have more options.

Dr. Ellis

As a member, there are resources readily available to you 24/7, so take advantage of them. We have an EHR Web page on the AOA Web site dedicated to news and information.

We provide a series of advisories on EHR implementation – the most recent being how to hold a staff meeting on EHRs that appears in the November issue of *Optometry: Journal of the AOA*. To learn more about optometry-specific certified EHR products, continue to read *AOA News*, AOA First Look and/or check *www.aoa.org/EHR.xml*

The implementation of EHRs and connection to HIE is a great example where the AOA and your state affiliate will work with you "to thrive and succeed with the implementation of health care reform"!! Do not allow your practice or your patients to face e-discrimination!!!

Joe E. Ellis, O.D.
AOA president

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School-based health centers present opportunity for optometry

With the announcement of the inclusion of vision for the first time in the history of Federally Qualified Health Centers as a preventive and primary care service eligible for federal funds, this further positions school-based health centers (SBHCs) to help fill a substantial gap in access to primary vision care for children in medically underserved communities. School-based health centers operate independently, but are administered by a sponsoring facility (i.e., hospital, community health center, nonprofit health care agency, school or school system).

SBHCs can play a critical role in providing access to primary and other care for children and adolescents under health reform as they move further into the mainstream of health care delivery, according to new national census data released this year.

The survey, conducted by the National Assembly on School-Based Health Care (NASBHC), illustrates how SBHCs—if funded appropriately—are positioned to help fill the gap in access to care, particularly in rural and underserved populations.

> *"It's clear that the best intentions of providing vision screenings to preschool and school-age children are undermined by the lack of follow-up care."*

"The idea of building strong partnerships between schools and communities to provide enhanced, non-academic services, based on community/school/student need, to students and families is growing," said Carrie Baker, executive director of the Ohio School-Based Health Care Association. "More than ever, schools are being asked to educate more effectively, with less money, for students with increasingly higher needs. From hunger to family stability, dental care to mental health, primary care services to health education on a variety of topics, to green school buildings and developing positive out-of-school time experiences, Ohioans are increasingly interested in these partnerships to benefit kids."

The census demonstrates that a majority of SBHCs already provide a broad array of primary care and other services, including:

- ❖ Comprehensive health assessments (97 percent)
- ❖ Prescriptions for medications (97 percent)
- ❖ Treatment for acute illness (96 percent)
- ❖ Asthma treatment (95 percent)
- ❖ Health screenings (93 percent)
- ❖ Oral health education (84 percent)
- ❖ Dental screenings (57 percent)

Mental health providers (75 percent) offer services including mental health assessments, crisis intervention, brief and long-term therapy, family therapy, teacher consultation, and case management.

SBHCs are located in geographically diverse communities, with the majority (57 percent) in urban communities. More than one-quarter (27 percent) of SBHCs are in rural areas. Students in schools with SBHCs are predominantly members of minority and ethnic populations who have historically experienced under-insurance, uninsurance, or other health care access disparities, according to the NASBHC.

There are several challenges and opportunities in using SBHCs as locations for providing children's vision care, as optometrists in Ohio are discovering. There are currently 20 SBHCs in Ohio servicing 50 schools, primarily in urban and rural locations.

"That number is poised to double in the next five years as part of the expansion of health care services," according to Terri Gossard, O.D., chair of the Ohio Optometric Association's Children's Initiatives Committee. "School-based health centers currently provide medical and dental care, but not vision even though the need is great."

Just across the state line in Erie, Pa., Dr. Gossard notes that 687 kindergarten

See SBHCs, page 19

Fore!!!

Exciting news from Transitions Optical and the AOA

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Iowa ODs, AOA leaders host Harkin

Throughout 2009 and 2010, Sen. Tom Harkin (D-Iowa) made the "Harkin Amendment," inclusion of optometry, and patient access safeguards top priorities in the debate over health care legislation in spite of opposition from the AMA, ophthalmology and the insurance industry. With backing from other pro-patient access leaders in Congress, Sen. Harkin prevailed and his amendment – the first-ever federal standard of provider non-discrimination – is law. Now, with federal agencies and states moving ahead with the implementation phase of the health care overhaul in a process that will run through 2014, Sen. Harkin wants to work with the AOA to ensure the Harkin Amendment is put in force exactly as Congress intended. On Oct. 19, Joe Ellis, O.D., AOA president; Steven A. Loomis, O.D., AOA trustee; Richard Skotowski, O.D., Iowa Optometric Association president; and more than 50 ODs from across Iowa traveled to Des Moines to meet with Sen. Harkin and discuss the upcoming post-election "lame duck" session of the 111th Congress and the issues that will confront the new 112th Congress when it convenes in January.

Meeting,

from page 1

ed in the Harkin Amendment, legislation that overturns discrimination against optometrists in terms of patient access and equitable reimbursement. Dr. Ellis termed the current climate as a "once-in-a-lifetime opportunity to define optometry as the primary eye care provider for the U.S. health care system" and noted that a coordinated, immediate response is needed to ensure optometrists capitalize on the opportunities.

"The AOA is working tirelessly to analyze and react to the changing landscape in health care delivery and is making information available to the states as we get it," Dr. Ellis said. "We have resources in third party as well as state and federal legislation available to state affiliates to help them weather these changes. Together, we ensure that optometrists thrive and succeed in health care reform."

In a first for the AOA, the meeting combined two areas of the association's advocacy:

- State government relations, which will be essential as state exchanges are created and where advocating for optometry will be critical.
- Third-party advocacy, especially important as government and private insurers revise their coverage programs to comply with the new law.

In both areas, optometrists have the opportunity to gain access to new patients and to raise awareness of the full scope of optometric care.

Student members of the AOA came out in force to learn how health care reform will affect them in the coming years.

Among highlights of the meeting:

- Dr. Ellis presented an overview of how the AOA is committed to helping members "thrive and succeed under health care reform

See Meeting, page 10

Medicare offers PECOS privacy protection 'how-to'

How to Protect Your Identity Using the Provider Enrollment, Chain and Ownership System (PECOS), a new Centers for Medicare & Medicaid Services (CMS) fact sheet, provides step-by-step instructions to help Fee-For-Service (FFS) providers protect their identity in Medicare's Internet-based PECOS database.

"If you are enrolled, or plan to enroll in Medicare, it is important that you protect your Medicare identity from getting into the hands of dishonest and unscrupulous people – personal identity thieves and those intending to commit fraud in the Medicare program," the CMS noted in announcing the fact sheet last month.

The document, part of a series of Medicare enrollment fact sheets, is available in downloadable format on the CMS Web site (*www.cms.gov/MLNProducts/downloads/MedEnroll_ProtID_FactSheet_ICN905103.pdf*)

Medicare Advanced Beneficiary Notice booklet

Medicare's Advanced Beneficiary Notice of Noncoverage (ABN) booklet – which provides information on when providers should use an ABN, ABN policies, how to properly complete an ABN and ABN modifiers – is now available in hardcopy from the Medicare Learning Network® (MLN). To order a copy, free of charge, visit the U.S. Centers for Medicare & Medicaid Services (CMS) Web site MLN Products page (*www.cms.gov/MLNProducts/01_Overview*), scroll down to the "Related Links Inside CMS" section and choose "MLN Product Ordering Page." To view the online version, visit *www.cms.gov/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf*.

CMS launches 'How to Get Started' eRx Web page

The Centers for Medicare & Medicaid Services (CMS) announced a new "How To Get Started" section on its Electronic Prescribing Incentive (eRx) program Web page. The new section page can be found on the CMS Web site at *www.cms.gov/ERxIncentive/03_How_To_Get_Started.asp*.

IRS releases guidance on W-2 reporting requirement

The Patient Protection and Affordable Care Act of 2010 requires employers to report the aggregate cost of applicable employer-sponsored coverage on Form W-2, Wage and Tax Statement, beginning Jan. 1, 2011. On Oct. 12, 2010, the Internal Revenue Service (IRS) released Notice 2010-69, which provides interim relief to employers with respect to this reporting requirement. Thus this notice makes such reporting for 2011 voluntary versus mandatory.

Employers who choose not to report the aggregate cost of applicable employer-sponsored coverage on Form W-2, Wage and Tax Statement, beginning Jan. 1, 2011, will not be subject to any penalties for failure to meet such requirements. The U.S. Treasury Department and the IRS anticipate issuing guidance on the new Form W-2 reporting requirement before the end of the 2010 calendar year. If an employer does decide to report applicable employer-sponsored coverage on Form W-2, the IRS has also released a draft Form W-2 with some instructions.

EYE ON WASHINGTON

Historic moment as AOA member elected to U.S. Senate

Well done, doctor! That's the first thing AOA President Joe E. Ellis, O.D., said during an election-night phone call to congratulate his friend, colleague and fellow AOA member, Dr. John Boozman (R-Ark) – the first Doctor of Optometry ever to be elected to the U.S. Senate.

Without a doubt, optometry was a powerful force in this closely watched race.

With a sweeping and historic electoral victory, Dr. Boozman – a proud Doctor of Optometry, longtime AOA member, and highly regarded five-term member of the U.S. House of Representatives – toppled Arkansas' two-term incumbent – Sen. Blanche Lincoln (D-Ark).

"Today is an historic day for our profession," said Dr. Ellis shortly after the votes were tallied and media outlets had declared a winner. "For the first time, a Doctor of Optometry – a proud and passionate one at that – and a longtime member of our AOA will serve in the United States Senate."

Without a doubt, optometry was a powerful force in this closely watched race. AOA-PAC, hundreds of optometrists from across Arkansas and thousands more from across the country actively backed Dr. Boozman's bid to represent his home state of Arkansas in the U.S. Senate.

In fact, AOA-PAC even sponsored a well-received ad in support of Dr. Boozman, which was broadcast – starting in September – on radio stations across Arkansas. To listen to this powerful ad, follow *http://www.aoa.org/documents/Broadcast-Proud_AOA-001_60RADIO.mp3*.

In a failed attempt to draw a line in the sand against an OD in the Senate, organized medicine and ophthalmology backed the now-defeated Sen. Lincoln through massive PAC and individual campaign contributions and even a direct mail effort.

However, optometry's straightforward and positive radio message heard across Arkansas helped to counter the massive political spending and misinformation campaign launched by organized medicine in a failed effort to prop-up a fading incumbent.

"I'm always proud of being an optometrist," said Dr. Ellis after learning of Dr. Boozman's win. "But today, I'll hold my head a little bit higher as I think of how far we've come and what we've accomplished."

"In recent years, we have achieved important victories in Washington, D.C., and in state capitals, based on expanded patient access and the full recognition we've earned," said Dr. Ellis. "We have successfully fought back against repeated attacks by organized medicine, the insurance industry and others, and stand ready to do more."

"Now, we're privileged to see one from our own ranks, after a career in private practice, a distinguished tenure in the U.S. House and a skillfully run statewide campaign, which had the enthusiastic support of optometrists from coast-to-coast, ready to take his place in the world's greatest deliberative body," Dr. Ellis added.

Dr. Boozman will take the oath of office in the Senate chamber when the 112th Congress convenes in Washington, D.C., on Jan. 5. Many optometrists are already planning to travel to the nation's capital to attend the ceremony.

Make sure to look for full coverage of Dr. Boozman's inaugural ceremony in *AOA News* and through the AOA's many online social media tools, including AOA Connect (*www.aoa.org/connect*)

Iowa ODs and AOA Leaders Host Harkin

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Drs. Ellis and Boozman

FDA provides update on LASIK Quality of Life Collaboration Project status

The U.S. Food and Drug Administration (FDA) last month issued an update on a three-part study of LASIK (laser-assisted in situ keratomileusis).

In October 2009, the FDA, the National Eye Institute, and the Department of Defense launched the LASIK Quality of Life Collaboration Project. This project examines patient-reported outcomes (PROs) following LASIK. A PRO is a report of a condition experienced by the patient and reported by the patient, not the health care provider.

Results from all three phases of the project will help identify factors that can affect quality of life following a LASIK procedure and potentially reduce the risk of adverse effects that can impact the surgical outcome.

In the first portion of the project, researchers designed and developed a Web-based questionnaire to evaluate patient-reported outcomes that could impact quality of life after LASIK surgery, some of which may be related to the safety of the lasers used in this procedure.

The second phase involves a clinical study called Patient-Reported Outcomes with LASIK (PROWL-1), where U.S. military personnel electing LASIK will complete the questionnaire preoperatively (before surgery) and at one, three, and six months postoperatively (after surgery). Enrollment for PROWL-1 is slated to begin within the next three months.

PROWL-1 will be conducted at the Naval Medical Center San Diego (NMCSD). NMCSD provides corneal refractive surgery to 1,200 to 1,500 active duty patients annually and has conducted more than 50 clinical trials and published 28 papers on refractive surgery. NMCSD's Navy Refractive Surgery Center evaluated the first laser refractive surgeries performed on active duty service members in 1993.

The final phase of the project, the PROWL-2 study, will be a national, multicenter clinical study with a protocol based on the experience from PROWL-1.

For more information, see the AOA Web site LASIK page (*www.fda.gov/LASIK*).

Medicaid plans new independent auditor program to reduce abuses

The Centers for Medicare & Medicaid Services (CMS) has proposed new rules to help states reduce improper payments for Medicaid health care claims through the use of Medicaid Recovery Audit Contractors (RACs) as part of the Affordable Care Act's larger strategy to crack down on waste, fraud and abuse in the health care system.

The new Medicaid RACs, working for states, will audit payments made to health care providers to identify Medicaid payments that may have been underpaid or overpaid, and recover overpayments or correct underpayments.

Medicare has already established a similar RAC program.

Federal officials believe the new system of independent auditors will be effective in reducing fraud and abuse because the auditors will be paid a commission on each improper payment they identify and recover.

Washington observers believe the program will be targeted primarily at providers of long-term care for the elderly, which represents a portion of the Medicaid budget in most states, rather than at health care practitioners.

"Reducing improper payments is a key goal of the administration, and the tools provided by the Affordable Care Act will help us achieve that goal," said CMS Administrator Donald Berwick, M.D. "We are using many of the lessons that we learned from the Medicare RAC program in the development and implementation of the Medicaid RACs, including a far-reaching education effort for health care providers and state managers."

Federal officials believe the new system of independent auditors will be effective in reducing fraud and abuse because the auditors will be paid commission on each improper payment they identify and recover.

Under the Affordable Care Act, states must establish Medicaid RAC programs by submitting state plan amendments to CMS by Dec. 31, 2010. The law allows the CMS to provide extensions or exceptions to states, if necessary, and details regarding these processes are included in the proposed regulation. In addition, the proposed regulation issued by the CMS outlines the requirements that states must meet and the federal contribution the CMS will provide to assist in funding the state RAC programs.

Medicaid RACs will be paid by the states on a contingency basis to review Medicaid provider claims, identify and recover overpayments made for services provided under Medicaid state plans and Medicaid waivers. The proposed regulation allows States the discretion to determine whether to pay their Medicaid RACs on a contingency basis or under some other fee structure for identifying underpayments.

The CMS is encouraging interested parties to comment on the proposals included in the regulation. These include the payment methodology for identifying overpayments and underpayments as well as the reasonable grounds to believe such activity has occurred.

Under the regulation, as proposed, a state may use its current administrative appeals process or may modify its process for Medicaid RAC-related appeals.

All fees paid to the Medicaid RACs must come from amounts recovered after all available appeals have been exhausted.

Because the CMS has proposed to require states to implement their programs in a timely manner, the CMS is providing educational programs to help states understand both the Medicare and Medicaid RAC programs.

On Oct. 1, 2010, the CMS released a state Medicaid director letter that provided initial guidance to the states regarding the RAC program.

The CMS issued an educational DVD titled "Medicaid RACs: Are You Ready?" targeted to State Medicaid and Program Integrity directors and held a webinar for states offering RAC procurement tips.

Additionally, on Nov. 4, 2010, the CMS hosted an educational forum describing Lessons Learned from the CMS's experience with Medicare RACs.

A copy of the regulation may be viewed at the Federal Register's Web site, *http://www.ofr.gov/inspection.aspx*.

For additional information on the Affordable Care Act can be accessed at *http://www.healthcare.gov/*.

Meeting,

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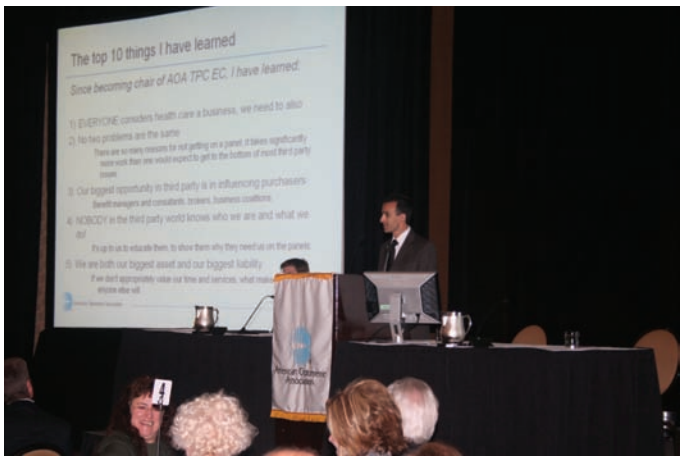
through increased legislative and payer advocacy"

❖ Barry J. Barresi, O.D., Ph.D., AOA executive director, noted the AOA's most significant victory in health care reform creates a "floor and not a ceiling" for patient access standards. Dr. Barresi described provisions in health care reform that will assist optometry in advocacy efforts.

❖ In a keynote address, Mike Kreidler, O.D., insurance commissioner, state of Washington, described how states are implementing health care reform and optometry's role in the new structure. Dr. Kreidler holds a unique role as an elected insurance commissioner of the state of Washington and as an optometrist and shared his insight of how health care reform implementation will work within the states and opportunities available to optometry to succeed in this new environment.

❖ Stephen M. Montaquila, O.D. , chair of the Third Party Center Executive Committee (TPC), and Bobby Jarrell, O.D., chair of the State Government Relations Center Executive Committee (SGRC), described how the two committees are coordinating advocacy efforts on behalf of AOA members.

"Health care reform brings with it both opportunities and threats to us as professionals. It is necessary for each state to have strong third-party as well as state legislative advocates and for those advocates to work together monitoring changes in health care policy and law as well as advocating for the profession," said Dr. Montaquila. "Relationship-building is a core element, and state leaders must develop strong proactive relationships with decision-makers and regulators in health care, including benefit decision-makers, local business coalitions, health insurance commissioners, legislators, and state governmental leaders."



Third Party Center Executive Committee Chair Steve Montaquila, O.D., speaks about advocacy efforts on behalf of AOA members at the Denver meeting.

The Third Party Center has deployed a network of 51 state coordinators.

"These third-party advocates serve as an extension of the AOA Third Party Center and will enable the AOA to gain valuable information on the third-party landscape in the states as well as providing a resource to the states on issues that may arise nationally," Dr. Montaquila said.

"With health care reform, it is imperative that each state have a strong third-party committee with advocates focused on inclusion of optometric services in all health plans."

Similarly, the AOA is adapting its state-level advocacy efforts to respond to the urgent need for action. "The AOA has a team of experts devoted to helping our members thrive and succeed in health care reform," said Dr. Jarrell. "We will continue to offer guidance and information as the regulation of the Affordable Care Act takes shape in the states. We encourage our affiliate leadership to immediately begin developing working relationships with all key players in the process – legislators, governors, insurance commissioners, and health

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*Based on independent laboratory testing of efficacy against the cyst form of A. castellanii, A. polyphaga, and A. hatchetti, as compared to 10 other lens care solutions. **At the indicated regimen times, within the detection limits and methodology of the assay, efficacy defined as no living organisms recovered.

Reference: 1. Johnston S[a], Sriram R[a], Qvarnstrom Y[a], Roy S[a], Verani J[a], Yoder J[a], Lorick S[a], Roberts J[a], Beach M[a], Visvesvara G[a]. Resistance of Acanthamoeba Cysts to Disinfection in Multiple Contact Lens Solutions. *J Clin Microbiol.* 47(7); 2009:2040-2045. [a]Centers for Disease Control and Prevention. The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Agency for Toxic Substances and Disease Registry.

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Meeting,

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care plan administrators."

Other topics included:

- How to Thrive and Succeed in an Era of Health Care Reform: A State Advocacy Audit
- The Power of the Pen: Recognizing Insurance Contracts as Business Decisions
- State Legislative Resource Center, Third-Party Payer, and AOA-PAC Update
- A review of SGRC, TPC and AOA-PAC activities for 2010.

Interactive breakout sessions featured state and TPC experts to discuss advocacy opportunities in key policy areas. Their goal was to prepare attendees to identify opportunities over the next couple of years that can be used to advance the practice of optometry for patients. Areas prime for opportunity include:

- Prescriptive authority
- Children's eye exams
- Procedures and surgery
- Licensure and regulation
- Third-party issues – "When You Need to Legislate"

Speakers noted that an integral component of the "essential benefits" created by Congress in Section 1302 of the Affordable Care Act is a pediatric vision care benefit.

"While that benefit has yet to be defined, we advocate for this to include a comprehensive eye exam and materials," Dr. Montaquila said.

Roger L. Jordan, O.D., chair of the AOA Federal Relations Committee, updated attendees on AOA activities at the federal level on Medicaid and the role this will play at the state level and presented preliminary results of the AOA's Medicaid survey.

AOA President Joe Ellis, O.D., talks about helping members thrive and succeed with the implementation of health care reform.

The AOA will work with state affiliates to ensure that optometry is fully able to participate in Medicaid. Medicaid participation will be very important due to the increase of the number of patients on Medicaid in the next few years.

In "Political Luncheon: What does it take to run for office?" four OD legislators shared their stories about what it takes to run for office and the sacrifices and rewards of holding state office as an optometrist.

- Rep. Gary Odom – Tennessee
- Rep. Jim McClendon, O.D. – Alabama
- Rep. Steven Tilley, O.D. – Missouri
- Sen. David Heitmeier, O.D. – Louisiana

Richard Allen, of the Centers for Medicare & Medicaid Services (CMS), joined the meeting to discuss changes in Medicaid as a result of health care reform.

David Lavely, O.D., of OptiCare Managed Vision discussed how states are approaching the delivery of medical eye and vision services in Medicaid.

Speakers agreed that Medicaid will experience tremendous growth in the next few years and optometry must have a role in that expansion.

Attendees learned what changes are facing states under health care reform, how that will affect the insurance laws, how to identify problems with the state's insurance law, and how to develop a plan to deal with issues and possible solutions. In a follow-up session, attendees by state identified and discussed how specific challenges have been addressed.

Another session focused on health information exchanges, what they are and advocacy opportunities they offer for optometry.

"Central to the discussion is the fact that ALL vision plans have the same opportunity to participate in the health insurance exchanges," Dr. Montaquila said. "Congress enacted very important patient protections that mandate that each American not only has access to vision plan coverage, but that they also have a partner health insurance plan. In this way, the health care system provides for the best possible treatment options for eye health and vision care.

No longer will it be possible for patients to be denied coverage for medical eye conditions.

Through this synergy, patients seeking eye health and vision care will have every opportunity to receive that care from highly qualified optometrists."

"Central to the discussion is the fact that ALL vision plans have the same opportunity to participate in the health insurance exchanges."

In a panel discussion called "Driving Innovation in Health Care," experts from the Colorado Business Group on Health and Health Policy Alternatives showcased reform efforts being undertaken by various interest groups. An important aspect of health care reform is that business groups and others are coming to the forefront in shaping health care policy and programs.

AOA Third Party Center engaged The Lewin Group to assist in developing "value propositions" that will enable further growth of optometry with payers and purchasers.

Lawrence B. Leisure from The Lewin Group/ Ingenix Consulting reviewed the approach and progress of the project.

At the session, optometric leaders were given AOA Legislative Toolkits to help communicate those messages clearly and consistently.

"The American Optometric Association believes that every American should have access to comprehensive eye examinations and treatment as an essential health benefit beginning in the first year of life and every year thereafter," Dr. Ellis said. "The American Optometric Association welcomes those vehicles that ensure comprehensive eye examinations and treatment are integrated into each American's health plan."

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Historical gem

Improving optometry's scope of practice

Irving Bennett, O.D., highlights an example of the gems that can be found in the Archives and Museum of Optometry.

The very first concerted attempt to increase optometry's scope of practice occurred in 1937 in Pennsylvania. Yes, 1937, some 39 years before the state of West Virginia passed its therapeutic pharmaceutical agent law and 34 years before the state of Rhode Island passed its diagnostic pharmaceutical agent legislation.

This attempt to broaden the scope of optometric practice continued after the defeat of the expanded scope of practice legislation.

The effort in 1937 was headed by Albert Fitch, the founder and first president of the Pennsylvania State College of Optometry, later named the Pennsylvania College of Optometry. Fitch was a forceful, dynamic and enthusiastic advocate for extended privileges for optometrists and, according to many of his contemporaries, the most outstanding visionary for the profession of optometry. Fitch was inducted into the National Optometry Hall of Fame in 2000.

Fitch had arranged to get the expanded privileges bill introduced by the administration, giving it a better chance for adoption. The salient features and virtues of the legislation were that it increased the required education of optometric students, so that licensed optometrists would be fully trained to handle the diagnosis and treatment of eye diseases and conditions. As the path for adoption seemed clear, a last-minute maneuver by the opposition did it in.

In Fitch's words, "After hearing our talks and those of the medical side, the committee endorsed Bill No. 1119 and recommended its passage. The bill passed its first two readings almost unanimously in spite of the opposition of the medical group. On the third reading, when it appeared certain that the bill was destined to pass, the medical group resorted to a reprehensible trick to cause the defeat of the bill. A physician, a member of the Health and Sanitation Committee of the Legislature, posing as its chairman, made a sobbing appeal to have the bill referred to his committee. He asked that this be done as a favor because otherwise it would appear as if a reflection were being cast on his committee. He said that this bill should have come to his committee in the first place instead of to the Committee on Education where it had been sent originally.

"He also said it would be different if his committee was opposed to the bill, but as a matter of fact this committee had been in favor of it from the very beginning. The physician made a solemn promise that if the bill was referred to his committee, it would be reported back the next day with a recommendation for its passage. He said all this knowing full well that his committee, which contained more physicians than any other committee in the legislature, was not in favor of the bill and that his promise would never be kept."

Fitch continued: "This whole procedure was highly unusual; the most seasoned legislators could not recall anything like this ever happening before. We were told that some of our best friends among the legislators would vote to have the bill referred to the Health and Sanitation Committee because of the solemn promise of this physician member to report it back the following day. It so happened that this physician told a deliberate falsehood, as he really had no authority to speak for his committee. He was simply following orders of the medical lobby, which would stoop to any dishonesty to defeat a bill which they oppose.

"However, in spite of the sobbing appeal, the untruthful statements and the false promise, the vote was close, 90 in favor of referring the bill, 88 opposed. As the reader can well imagine, this bill never came back to the floor for a final vote."

Melvin D. Wolfberg, O.D., (2004 National Optometry Hall of Fame Inductee) wrote a comprehensive historical review of optometry essentially picking up where James Gregg, O.D., (2010 National Optometry Hall of Fame Inductee) left off in his 1972 book, "The American Optometric Association – A History." Dr. Wolfberg, whose work appeared in the *Journal of the AOA* (Vol. 70; No. 3, March 1990), referred to the Fitch efforts in 1937 noting that "this attempt to broaden the scope of optometric practice" continued after the defeat of the expanded scope of practice legislation.

Dr. Wolfberg writes: "The success of those actions created a ripple effect; PCO graduates became increasingly frustrated, since they were licensed under antiquated practice acts and could not render professional services they had been educated and trained to provide. The impact these graduates had in many states in subsequent years was great."

To learn about more of optometry's Historical Gems, visit *www.aoafoundation.org/archives-museum-of-optometry/historical-gems/*.

Dr. Fitch

Show you care through year-end giving

As the new year is fast approaching and you begin to determine how you will allocate your end-of-year giving, include Optometry Cares – Your AOA Foundation on the list of organizations to support. Build upon the AOA staff's generous contributions, who through its annual workplace giving campaign have already pledged nearly $11,000.

Check your mailbox, return the pledge form or visit *www.aoafoundation.org* to show You Care!

Through your generous donations, Optometry Cares can continue to expand access to eye health and vision care to everyone in the United States in order to enhance human performance and quality of life.

Call for Hall of Fame nominations

Nominations are still being accepted for Class of 2011 inductions into the National Optometry Hall of Fame.

The deadline for this year's consideration is Dec. 31, 2010.

Nominations should include a statement in support of the nominee's qualifications, letters of support and an overview of the individual's career-long contributions to the profession.

Nominations may be e-mailed to *Foundation@aoa.org* or mailed to National Optometry Hall of Fame, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO, 63141.

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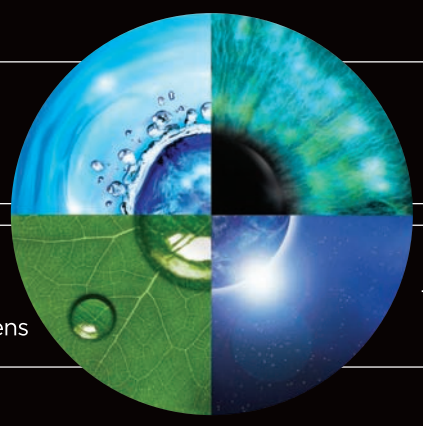

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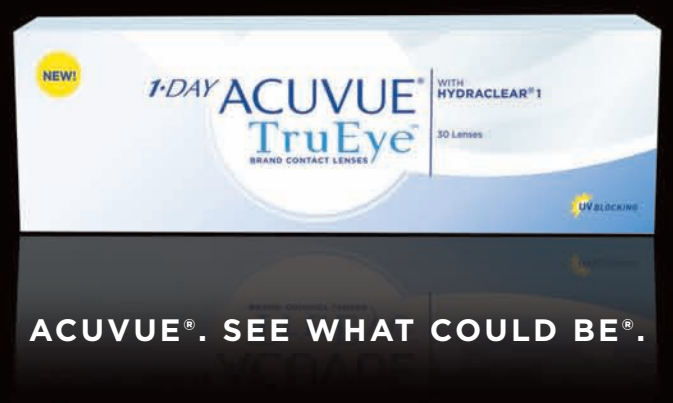

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†Helps protect against transmission of harmful UV radiation to the cornea and into the eye.

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Physician Quality Reporting Initiative Made Simple: 2010

By Rebecca H. Wartman, O.D., Harvey Richman, O.D., and Philip J. Gross, O.D.

Participating in the 2010 Physician Quality Reporting Initiative (PQRI) program is as easy as 1, 2, 3. Simply follow these steps and the bonus will roll in.

When seeing Medicare patients, there are only three diseases to be concerned about relative to PQRI:
1. Age-Related Macular Degeneration (AMD) – dry or wet
2. Glaucoma – primary open-angle only
3. Diabetes – insulin or non-insulin dependent

If an OD has any of these diagnoses for a Medicare patient… Think PQRI...

Then if reporting an evaluation and management code OR any general ophthalmologic office visit code for a Medicare patient:
1. 99201-99205; 99212-99215
2. 92004,92014, 92002, 92012

If using any of these procedures for a Medicare patient…Think PQRI…

(While not specially discussed in this article, the evaluation and management codes allowed include nursing home and rest home codes. Visit the AOA Web site for more details at *www.aoa.org/PQRI)*.

Once it is determined a claim has one or more of the three diagnosis code and one of the office visit codes, it's only a short step away from properly billing PQRI and earning the bonus on all of the Medicare allowable charges for the year.

Just remember to file the PQRI measures every time a claim with the proper diagnosis codes and examination codes are listed.

These measures only state that an OD needs to do or have done the measure within the time period and not that the OD actually did the measure at that particular visit.

Let's break it down by disease:

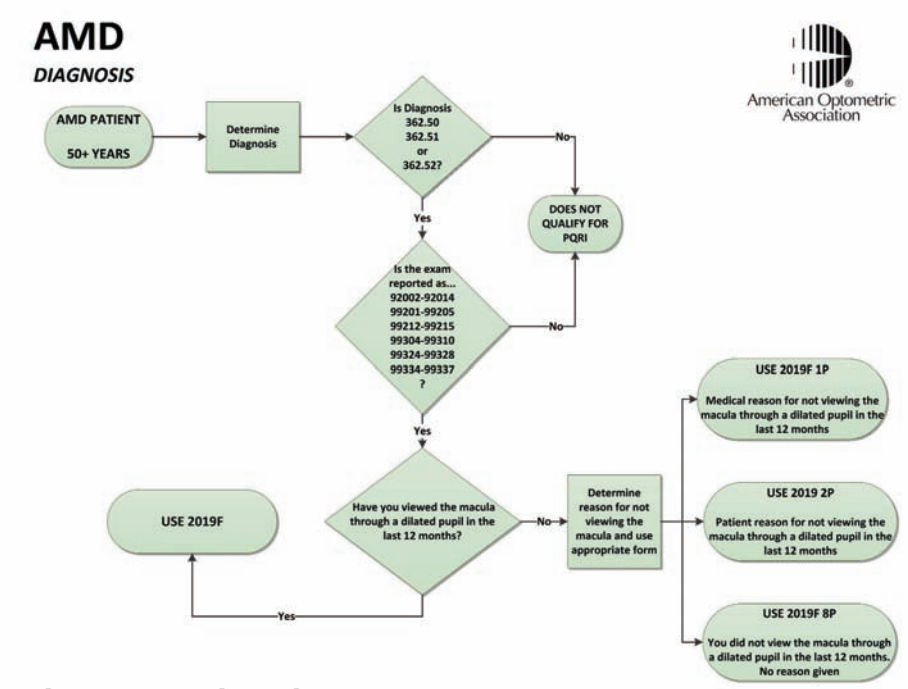
I. Age-Related Macular Degeneration (AMD)

a. 362.50, 362.51, 362.52 and
b. 50 years of age or older

Two PQRI codes to use:

❖ 2019F – The OD looked at the macula through a dilated pupil and noted any macular thickening and/or hemorrhages (document: + or - mac thick; + or - hemes in the record).

❖ 4177F – The OD discussed the pros and cons of the AREDS formula of supplements with the patient and made proper recommendations on the use of AREDS – this does NOT mean the OD has to recommend AREDS, just discuss why or why not the AREDS formula is right for that specific patient. (ODs should document that they discussed AREDS use with the patient in their record).



AMD diagnosis coding chart

Chances are excellent that most ODs are fulfilling the requirements for these two measures on each of their AMD patients. In the rare event that an OD did not or cannot fulfill these two simple steps with a patient, there are a few ways to report the measure anyway and indicate that the OD did not simply skip the step. The OD will still get credit for the PQRI encounter when using a modifier. Simply add a modifier to the measure that indicates why the step was not taken.

❖ 2019F – 1P medical reason for not looking at the macula through a dilated pupil

❖ 2P patient reason for not looking at the macula through a dilated pupil

❖ 8P no reason for not looking at the macula through a dilated pupil (you just did not)

❖ 4177F – 8P no reason for not discussing AREDS recommendations (you just did not)

II. Glaucoma

a. 365.10, 365.11, 365.12, 365.15 and
b. 18 years of age or older

There are two different options for reporting depending on whether controlled IOP or uncontrolled IOP

A. Controlled IOP

❖ 2027F Looked at the optic nerve – with or without dilated view of the optic nerve

❖ 3284F IOP was reduced by at least 15 percent below pre-intervention levels

Exceptions for 2027F:

❖ 1P Medical reason for not viewing the optic nerve

❖ 8P No reason for not viewing optic nerve (just did not)

Exceptions for 3284F:

❖ 8P IOP was not documented and no reason given (it just is not)

B. Uncontrolled IOP

❖ 2027F – Looked at the optic nerve – with or without dilated view of the optic nerve

❖ 0517F and 3285F IOP not reduced by at least 15 percent below pre-intervention levels and you have a plan of care in place to get the IOP under control

(So for this situation use all three codes.)

Exceptions for 2027F:

❖ 1P Medical reason for not viewing the optic nerve

❖ 8P No reason for not viewing optic nerve (just did not)

Exceptions for 0517F

❖ 8P No plan of care documented

Exceptions for 3285F:

❖ No exceptions listed (if an OD did not record IOP the OD should use 3284F 8P and not use 0517F or 3285F)

III. Diabetes – There are two different measures so we will break them down into two sections

1. Diabetes with or without retinopathy

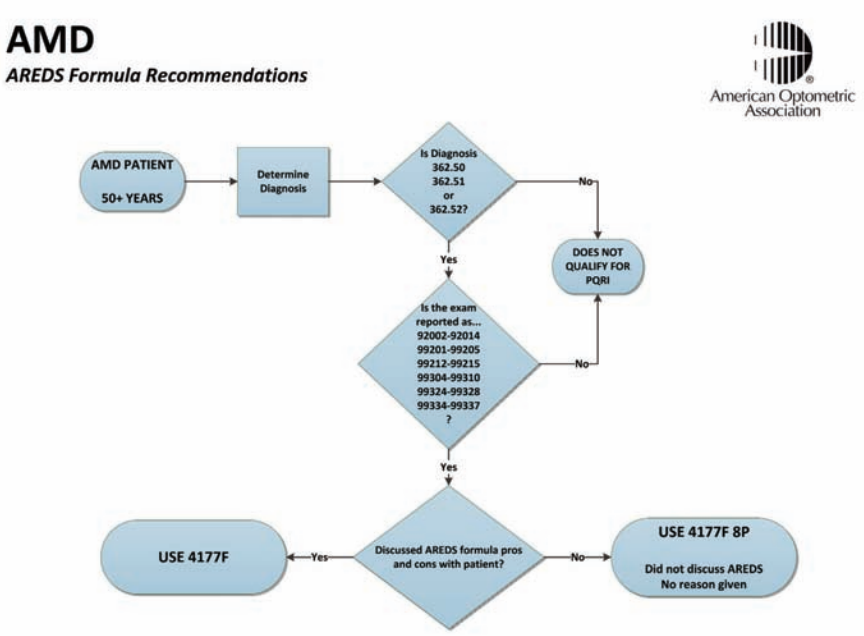
a) 250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.01-648.04

b) Between ages of 18 to 75

❖ 2022F Dilated eye exam in a diabetic patient OR

❖ 3072F Low risk of diabetic retinopathy (normal exam in the last year)

See PQRI, next page



AREDS formula recommendation coding chart

PQRI,

from previous page

Exceptions for 2022F:

- 8P no reason for not performing (just did not or could not)

Exceptions for 3072F: no exceptions for this code

Note that there are two other options for this measure but, as optometrists, we typically perform dilated eye exams even when we use some form of imaging, so ODs should not worry about the other choices unless they really want to complicate matters. Remember, dilated eye exams for diabetic patients are the standard of care.

2. Diabetic retinopathy (DR) with documentation of macular edema (ME) and/or level of retinopathy

a) 362.01, 362.02,362.03, 362.04, 362.05, 362.06

b) Age 18 years and older

Two choices to make:

1. 2021F: Documentation of the presence or absence of macular edema and the level of diabetic retinopathy. (document: + or – macular thick; + or – diabetic retinopathy in your record).

Exceptions to 2021F -

- 1P medical reason for not documenting ME/DR
- 2P patient reason for not documenting ME/DR
- 8P no reason for not looking not documenting ME/DR (just did not)

2. 5010F and G8397 OR G8398

- 5010F – Communicated the presence or absence of macular edema and the level of diabetic retinopathy to the physician responsible for the diabetes care

Exceptions to 5010F

- 2P patient reason for not communicating
- 8P no reason for not communicating

And G8397 – Dilated macular or fundus exam performed and ME/DR were documented OR

G8398 – Dilated macular or fundus exam was not performed

In summary for the diabetic patient, the OD may actually have to report up to four different codes.

- DM without retinopathy, age 18-75: 2022F
- DM with retinopathy, age 18-75: 2022F, 2021F, 5010F, G8397 (assume you performed measures)
- DM without retinopathy, under 18 or over 75: no code to report
- DM with retinopathy, under 18 or over 75: 2021F, 5010F, G8397 (assume you performed measures)

PQRI coding does not have to be complicated. If ODs are practicing up to the current standard of care, they are already performing the requirements for each measure. The only extra step they need to take is adding a few codes to their Medicare claims. Each PQRI code is listed on the claim form just like a regular exam or procedure code matching the PQRI code to the correct diagnosis code.

ODs may list the price as $0.00 or some small amount less than $1 if the system will not allow them to add a $0.00 amount. Make sure the National Provider Identification (NPI) number is on the claim and send it off.

ODs cannot refile any claim just to add the PQRI codes to it, but if they have to refile any claim for other reasons, they should make sure they have the PQRI codes listed.

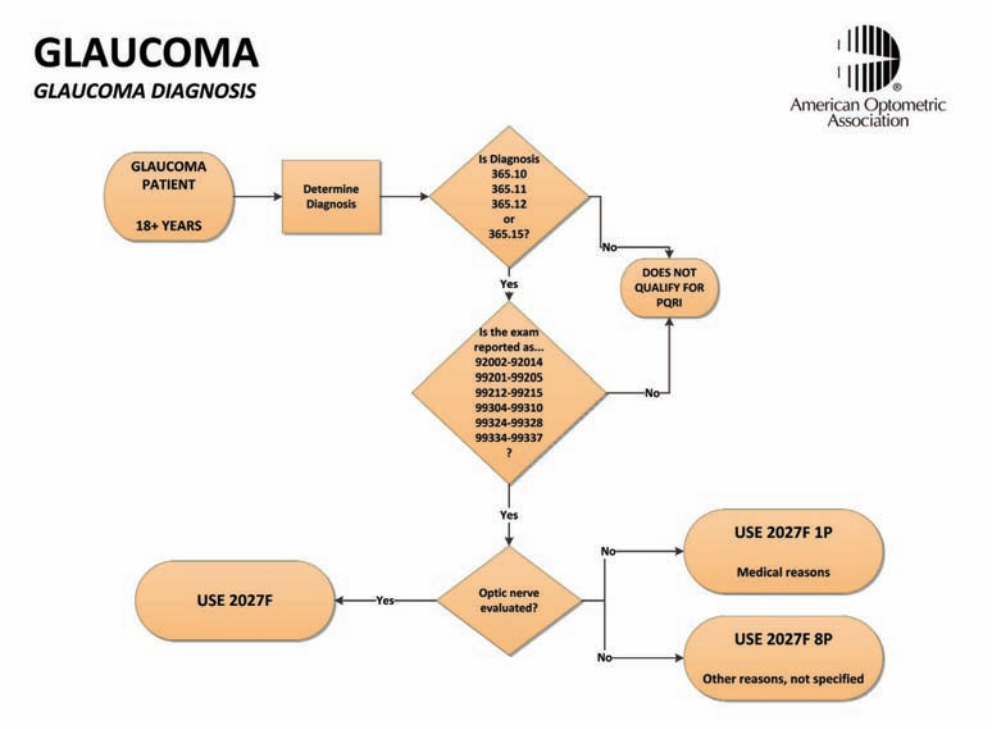
Finally, review the Explanation of Benefits, looking for denial of the PQRI claim items with an N365 denial code. This denial code means the PQRI numbers actually got through to the carrier and will be sent in for calculation. If ODs are not seeing this denial reason, they should call their carrier immediately.

The basic measures for the 2010 PQRI program will be in place for 2011.

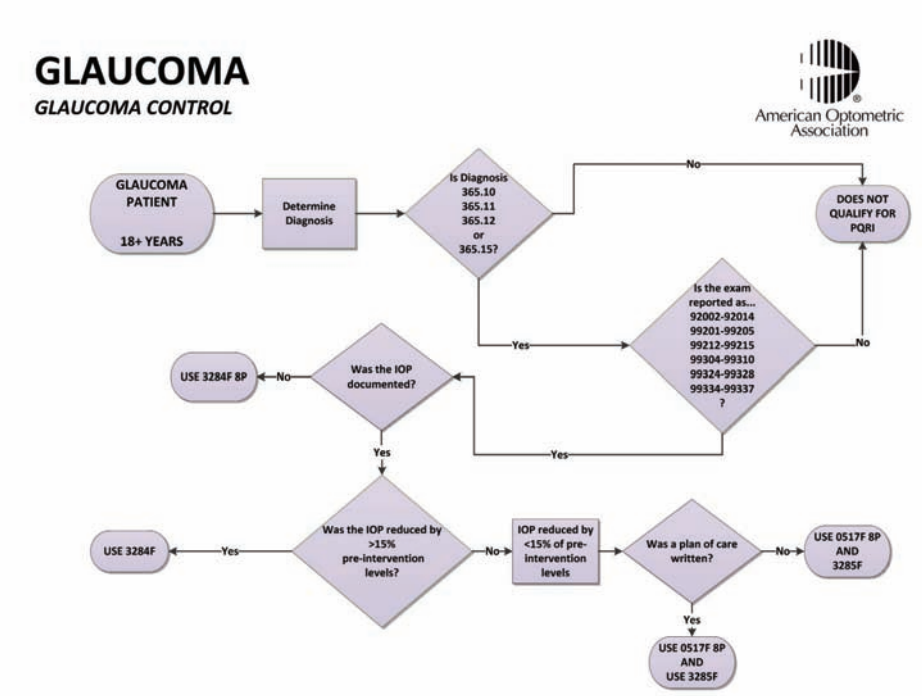
The AOA Third Party Center will issue an update regarding the 2011 program in the coming weeks.

Happy PQRI coding…

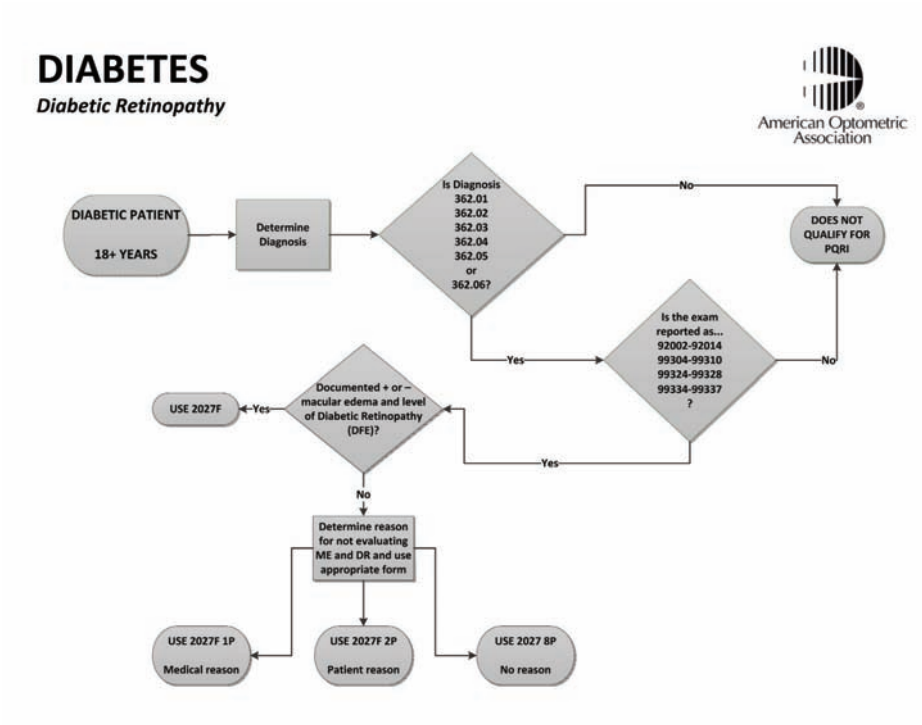
See PQRI, next page



Glaucoma diagnosis coding chart



Glaucoma control coding chart



Diabetic retinopathy coding chart

American Optometric Association

American Optometric Association
2010 PQRI EYE CARE MEASURES FOR OPTOMETRISTS
(See http://www.aoa.org/PQRI.xml for more information)

Modifiers are used in PQRI reporting only if the reported measure was not performed during the visit. The modifiers indicate why measure was not done.

Measure	CPTII	Code Description	Age	ICD.9.CM	CPT I	Modifiers
12 POAG: ON Evaluation	2027F	POAG: Optic Nerve Evaluation	18 +	365.10, 365.11 365.12, 365.15	99201 – 9925, 99212-99215 92002 –92014, 99304-99310, 99324-99328,99334-99337	1P: Medical Reason 8P: Reason not specified
14 AMD DFE	2019F	AMD: Dilated Macular Examination	50 +	362.50-362.52	92002-92014, 99201-99205 99212-99215,99304-99310, 99324-99328,99334-99337	1P: Medical reason 2P: Patient reason 8P: Reason not specified
18 DR+ME	2021F	Diabetic Retinopathy: Documentation of +/- Macular Edema and Level of Severity of Retinopathy	18 +	362.01-362.06	99201 – 9925, 99212-99215 92002 –92014, 99304-99310, 99324-99328,99334-99337	1P: Medical reason 2P: Patient reason 8P: Reason not specified
19 DR Comm with MD	5010F + G8397 Or G8398	Diabetic Retinopathy: Findings of dilated macular or fundus exam communicated with the physician responsible for managing ongoing diabetes care Dilated macular or fundus exam performed and documented DR+ME Dilated macular or fundus exam NOT performed	18 +	362.01-362.06	99201 – 9925, 99212-99215 92002 –92014, 99304-99310, 99324-99328, 99334-99337	2P: Patient reason 8P: Reason not specified
117 DM DE	2022F 2024F 2026F 3072F	Diabetes Mellitus: Dilated eye exam in a diabetic patient 7 field photos by OD/OMD for DM Eye image validated for DM Low risk retinopathy for DM, e.g. no retinopathy in previous year	18 - 75	250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.01-648.04	99201 – 9925, 99212-99215 92002 –92014, 99304-99310, 99324-99328,99334-99337, 99341-99345, 99347-99350, G0270, G0271	8P: Reason not specified (8P modifier not used with 3072F)
140 AMD AREDS	4177F	AMD: Counseling on Antioxidant Supplement, (e.g. per AREDS recommendations)	50 +	362.50, 362.51, 362.52	92002-92014, 99201-99205 99212-99215,99307-99310, 99324-99328,99334-99337	8P: Reason not specified
141 POAG IOP	3284F **OR** 0517F + 3285F	POAG: Reduction of IOP greater than or equal to 15% pre-intervention level POAG: Reduction of IOP less than 15% pre-intervention level, with plan of care in place	18 +	365.10, 365.11, 365.12, 365.15	92002-92014, 99201-99205 99212-99215, 99307-99310, 99324-99328,99334-99337	8P: Reason not specified

Note: Measure 139 (***Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with IOL Placement)*** is not a measure to be filed by anyone other than the cataract surgeon.
Measure 191(Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery) is not a measure to be filed by anyone other than the cataract surgeon.
Measure 192(Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures) is not to be filed by anyone other than the cataract surgeon

OTHER PQRI MEASURES POSSIBLY REPORTED BY OPTOMETRISTS

124 Adoption/ Use of EHR	G8447 G8448	CCHIT Qualified EHR used Qualified, non-CCHIT EHR used	18 +	All Dxes	90801-90809, **92002-92014**, 92541-92544, 92548, 92552, 92553, 92555, 92557, 92561-92565, 92567, 92568, 92570-92572, 92575-92577, 92579, 92582, 92584-92588, 92601-92604, 92620, 92621, 92625-92627, 92640, 95920, 96150-96152, 97001-97004, 97750, 97802, 97803, 97804, 98940, 98941, 98942, **99201-99205, 99211-99215**, D7140, D7210, G0101, G0108, G0109, G0270, G0271	
130 Document/ Verify Current Medications in the Medical Record	G8427 G8428 G8429 G8430 G8507	List current medications (dosages) & verification with patient or authorized representative List of current medications but without verification Incomplete / no provider documentation of current medications Provider documentation that patient ineligible for medication assessment Provider documentation that patient ineligible for patient verification of current medications	18 +		90801, 90802, **92002-92014**, 92541-92545, 92547, 92548, 92557, 92567-92569, 92585, 92588, 92626, 96116, 96150, 96152, 97001-97004, 97802, 97803, 98960, **99201-99215**, 99241-99245, G0101, G0108, G0270	130 Document/ Verify Current Medications in the Medical Record
114 Inquiry Regarding Tobacco Use	1000F + 1034F 1035F 1036F	Tobacco use assessed and Current tobacco smoker Current smokeless tobacco user Current tobacco non-user	18 +		90801, 90802, 90804- 90815, 90845, 90862, 96150, 96152, 97003, 97004, 99201- 99205, 99212-99215	8P: Reason not specified
115 Advising Smokers to Quit	G8455 **OR** G8456 ***AND*** 4000F **OR** 4001F	Current tobacco smoker Current smokeless tobacco user Tobacco use cessation intervention, counseling Tobacco use cessation intervention, pharmacologic therapy	18 +		90801, 90802, 90804- 90815, 90845, 90862, 96150, 96152, 97003, 97004, 99201- 99205, 99212-99215	8P: Reason not specified
128 BMI	G8420 G8417 G8418 G8422 G8421 G8419	Calculated BMI within normal parameters and documented in the medical record Calculated BMI above the upper parameter and a follow-up plan documented in the medical record Calculated BMI below the lower parameter and a follow-up plan documented in the medical record Patient not eligible for BMI calculation BMI not calculated Calculated BMI outside normal parameters, no follow-up plan documented in the medical record	18 +		99201-99205, 99211-99215, 99241-99245, 99324-99328, 99334-99337, 99341-99345, 99347-99350,	

2010 MEDICARE E-PRESCRIBING INCENTIVE PROGRAM
(See http://www.aoa.org/HIT.xml for more information)

Adoption/ Use of Medication Electronic Prescribing Measure	**G8553**	At least one Rx created during the encounter was generated and transmitted electronically using a qualified E-Rx system			90801–90809, 90862 , 92002-92014, 96150-96152, 99201-99215, 99304-99316, 99324-99337, 99341-99350, G0101, G0108, G0109	

SBHCs,

from page 6

through eighth-grade students were screened last year. One hundred of them had potential problems, but only two later sought and received care from an eye care provider.

"It's clear that the best intentions of providing vision screenings to preschool and school-age children are undermined by the lack of follow-up care. This is a public health problem that is not isolated to the case in Erie. In Ohio we believe optometry can address this issue by providing care in school-based vision centers to meet students where they are," said Dr. Gossard.

Dr. Gossard said historically optometric access to provide comprehensive diagnosis and treatment in SBHCs has not been explored because of funding issues. However, the landscape is quickly changing with the release of a grant from the Health Resources Services Administration allowing for the purchase of ophthalmic equipment by SBHCs.

"School-based health centers are one part of this larger community-school movement," said Baker. "School-based health centers hub primary care, mental and oral health on-site at the school or linked to a school via a mobile van to address non-academic health barriers to a child's academic success. Because many SBHCs are in underserved areas, they are also serving the school staff and families in the area and are helping build other school-community partnerships."

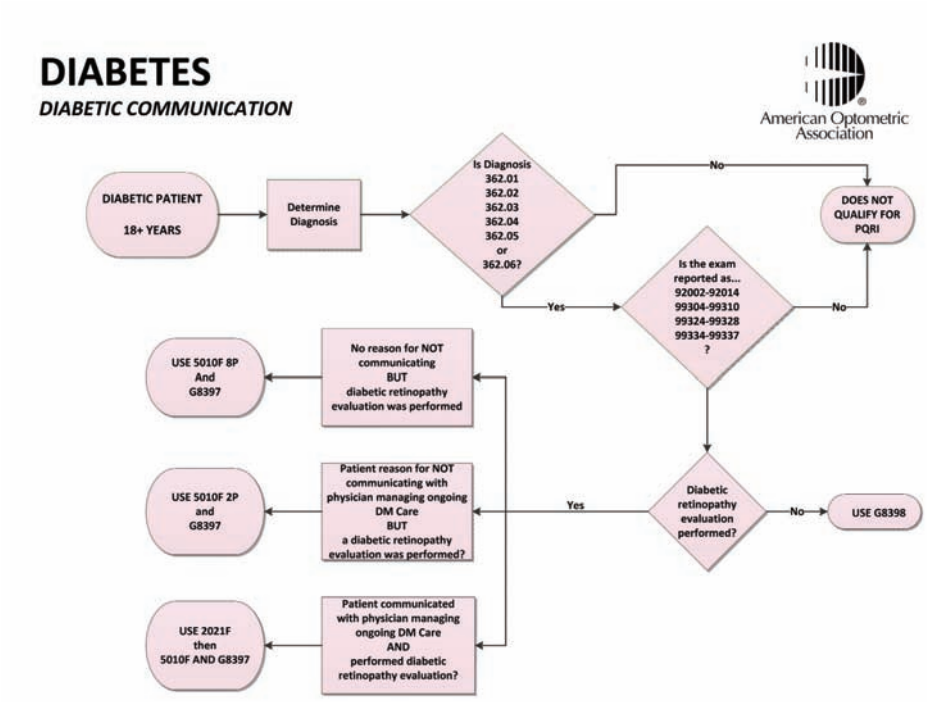
With the release of request-for-proposal information from the Health Resources and Services Administration, Dr. Gossard is working with representatives from the Cincinnati Public Schools and the City of Cincinnati Health Department to add eye and vision health care clinics to two SBHCs with the goal to eliminate several barriers to children receiving effective, efficient, and quality eye and vision care from eye doctors.

"The goal over the next two years is to provide all 33,000 Cincinnati public school children with comprehensive eye exams through the school-based centers," said Dr. Gossard. "Obviously this is an incredible opportunity to better serve Ohio's children medically underserved without precedent in organized optometry in Ohio."

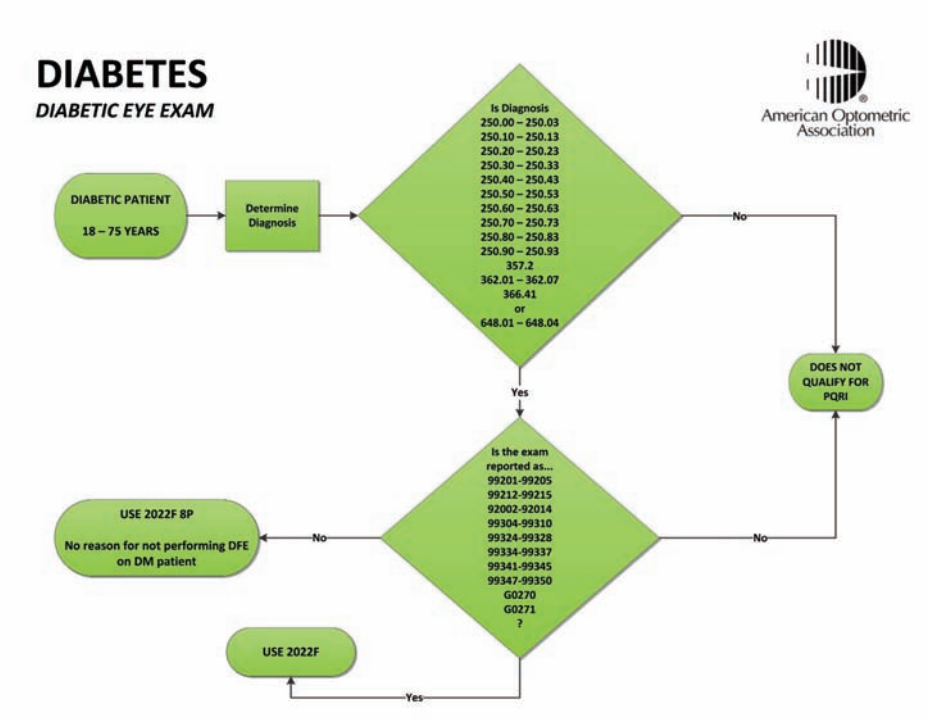
For more information, visit *www.osbhca.org* or *www.nasbhc.org*.

PQRI,

from previous page



Diabetic communication coding chart



Diabetic eye exam coding chart

ABO updates include uploadable points, survey responses, item writing

The American Board of Optometry (ABO) announced progress toward providing the first ABO Board Certification Examination in June 2011.

Phase 2 of the MyABO Web portal is now open, allowing Active Candidates to upload their Post-Graduate Activities to complete the 150-point requirement to qualify for the first ABO Board Certification Examination.

The ABO Web site now also provides more details on the activities that qualify as Category 2 Education.

With the many options in this category, optometrists may be closer than they think to attaining 150 points.

The results are in from the Job/Profession Analysis Survey that was sent to the profession on Oct. 8.

Those results were considered by the Examination Specifications Committee as it began developing the examination content outline and determining the length of the examination.

Item writers recently met to begin creating test questions at a meeting with Prometric, the ABO's partner in examination development and delivery. As promised, the item writers were carefully selected for their clinical experience in all areas of eye care, according to the ABO.

The ABO Examination application and reservation system will open in January 2011, with the first exam offering during the first two weeks of June 2011.

Optometrists may apply to become Active Candidates for ABO Board Certification on the American Board of Optometry Web site at *www.abopt.org*.

'Read the Green' is in YOUR mail!

Transitions Optical, in collaboration with the AOA, is delivering the Read the Green Sweepstakes materials to ALL AOA member doctors.

The official start of the sweepstakes is Nov. 22, when the *www.ReadTheGreen.com* Web site will go live, and will run through Feb. 14, 2011. The goal of the sweepstakes is to drive golfers and non-golfing consumers into AOA member doctor offices where they can learn about the importance of comprehensive eye examinations for a lifetime of healthy vision, receive vision tips for golfers, AND get a chance to win amazing prizes.

As the Official Eyewear of the PGA Tour and title sponsor of The Transitions Championship PGA Tour event in March at Innisbrook Golf Resort in Florida, "Transitions continues to educate golfers, and the public in general, about the importance of healthy sight and encourages existing and potentially new patients to visit their AOA-member optometrist to learn of the importance of a comprehensive eye examination to improve their vision and improve their game," said Dave Cole, chief operating officer of Transitions Optical.

Consumers will learn about the sweepstakes through a variety of television, print, online and social media, including NBC-TV, the Golf Channel, *Men's Health*, *Golf World*, Twitter, Facebook and PGATour.com.

The Read the Green Sweepstakes kit includes a counter display that will hold the pad of AOA member validation codes and prize information as well as a sheet that includes information from the AOA about healthy vision for a lifetime. AOA members can visit *www.ReadTheGreen.com* to request additional materials and access downloadable marketing resources.

"My hope is that every patient who walks through an AOA member's door between Nov. 22 and Feb. 14 will receive information about the sweepstakes since this is a very unique opportunity for a patient, and their AOA member doctor to win the same prize and travel to a golf event together," said Pete Kehoe, O.D., past president of the AOA and Transitions professional relations adviser. Web site links, Facebook posts, press releases and additional materials will be available for AOA members to help promote Read the Green locally.

"Wouldn't it be great to have a picture and article of you and your patient at a PGA Tour Major event in your local media," said AOA president Joe Ellis, O.D.

Updates throughout the promotion will be available through AOA channels such as AOA News, First Look, AOAConnect, Facebook, and *www.AOA.org* as well as at *www.ReadTheGreen.com*.

Vermont and Massachusetts AOA members will be unable to win with their patients due to state laws. However, consumers in both states will need to visit their AOA member doctors to receive the validation codes to win grand prizes. If a Vermont or Massachusetts consumer wins a grand prize, a randomly selected participating AOA member from another state will be selected to attend the event with that consumer. "So we are encouraging ALL Vermont and Massachusetts AOA members to actively promote and participate in the sweepstakes. We're disappointed that they don't have the same opportunity to win as their colleagues in other states but still see this as a valuable patient education opportunity," said Drs. Kehoe and Ellis.

EHRs,

from page 1

ized testing and certification body (ATCB), as a complete EHR, providing functions necessary for participation in the HHS's Health Information Technology for Economic and Clinical Health (HITECH) program.

Hillsboro, Ore.-based First Insight Corporation announced its MaximEyes SQL Electronic Health Records, Version 1.1.0.0 was certified as an EHR module Nov. 2 by the CCHIT.

Those announcements followed confirmation by Westlake Village, Calif.-based Compulink Business Systems, Inc., last month, that its Advantage EHR Version 10 package had been certified by the CCHIT.

Several other optometric EHR providers told *AOA News* they are on track to have HITECH-certified EHR products on the market in the coming weeks or months.

"Optometrists can now be assured they will not only have access to EHR packages certified for use under HITECH and will be able to qualify for the substantial incentive payments offered under the program, but will have a range of EHR products from which to choose. They will able to compare various systems and make sure they have the best and most appropriate EHR system for their practices," said Philip Gross, O.D., chair of the AOA Health Information Technology Subcommittee.

Under the incentive program, which begins Jan. 1, 2011, eligible health care practitioners will be able to quality for up to $44,000 payments through Medicare ($48,400 in federally designated health profession shortage areas), over the course of the five-year program, or up to $63,750 through Medicaid, by implementing EHR systems certified for use in the program and meeting designated EHR utilization criteria, known as "meaningful use" standards.

The reporting period for a practitioner's first year in the incentive program is any continuous 90-day period within the calendar year.

The reporting period for a practitioner's first year in the incentive program is any continuous 90-day period within the calendar year.

Eyefinity/OfficeMate, part of VSP Global, said it anticipates that its certified version, OfficeMate/ ExamWriter version 10, will be available in February 2011. Eyefinity/ OfficeMate's chief professional officer, James Kirchner, O.D., said the company will be expanding its educational resources on the use of EHR systems in the coming weeks.

The OfficeMate/ ExamWriter provides an interface with Microsoft Health Vault, a secure patient record storage and retrieval service, which has been granted certification for use under the federal incentive program.

Both the OfficeMate/ ExamWriter and MaximEyes EHRs utilize DrFirst's Rcopia prescription management system for e-prescribing. DrFirst's Rcopia-MU EHR Module had already been certified for use in the federal incentive program.

The MaximEyes SQL Electronic Health Records module provides 11 of the 15 core functions necessary of a complete EHR system. First Insight plans to have additional software tested during December and January in order to have a complete EHR certified by early next year.

At least three other optometric EHR vendors recently told *AOA News* they anticipate approval certification of their products in the near future – including the first Web-based optometric EHRs to be developed for use under the incentive program.

Madison, Wis.-based RevolutionEHR has applied to CCHIT for testing of version 5.0 of its Web-based EHR product, according to company spokesperson Scott Jens, O.D.

Overland Park, Kans.-based QuikEyes Software, Inc., expects its optometric EHR software package to be certified for use under the HITECH program during first quarter of 2011, according to company founder and president Matt Lowenstein, O.D.

Lincoln Neb.-based Practice Director Software, a division of the Williams Consulting Group, plans to have its EHR program tested for certification during the first quarter of 2011, according to Brad Rourke, the company's vice president.

"Achieving electronic health records meaningful use objective in an optometric practice," the latest in a series of advisories on EHR implementation, will appear in the Practice Strategies section of the December *Optometry: Journal of the AOA*.

For a comprehensive roster of all EHR products approved for use under the federal incentive programs, visit *http://healthit.hhs.gov/CHPL*.

Expanded AOA diabetes CD proves hit at diabetes educators meeting

A new, updated edition of the AOA Healthy Eyes Healthy People® Diabetes CD proved a hit during the 37th annual meeting of the American Association of Diabetes Educators (AADE), Aug. 4-7, in San Antonio, Texas.

Introduced several years ago to provide a compendium of the most widely used AOA information on diabetes-related eye problems in a convenient digital form, the Healthy Eyes Healthy People® Diabetes CD, was revised in March to include additional materials from the National Diabetes Education Program (NDEP) and National Eye Health Education Program (NEHEP).

Not surprisingly, the new expanded CD has found immediate acceptance among diabetes educators, according to AOA Health Promotions Committee member Daniel Bintz, O.D., and AOA Clinical and Practice Advancement Group staff person Mary Beth Rhomberg, O.D., who represented the AOA at the AADE meeting.

The AOA distributed some 1,500 copies of the CD-ROM, free of charge through AOA Healthy Eyes Healthy People® displays at the AADE meeting and the Centers for Disease Control and Prevention (CDC) Diabetes Translation Conference earlier this year.

"Diabetes educators, who spend a lot of time commuting between offices or visiting patients in the field, prefer this method of receiving educational tools," Dr. Bintz said. "The CD takes up little room and allows them to print materials as needed rather than packing and carrying materials around. It also makes it easier to take the AOA home from the AADE meeting."

AOA order sheets were also provided so that educators who teach large classes or attend health fairs can order materials professionally printed in bulk.

The AOA Diabetes CD was initially developed in response to input from diabetes educators at the AADE meeting. Over the years, both the CD and other AOA materials have been "fine tuned" based on additional input from educators at the meeting, Dr. Bintz said.

In addition to the expanded CD, the AOA also distributed Vision Simulator Card, developed by the Ohio Optometric Association is another "must have" for educators.

The card allows patients to view the simulated results of cataract, diabetic retinopathy, macular degeneration, and glaucoma.

AOA Health Promotions Committee member Daniel Bintz, O.D., distributes AOA Healthy Eyes Healthy People® Diabetes CDs during the 37th annual meeting of the American Association of Diabetes Educators.

The CD, the card, and the AOA's annual exhibit at the AADE meeting are all part of an ongoing AOA effort to make sure diabetes educators understand the importance of annual dilated eye examinations for patients with the disease.

Diabetes educators are health care professionals who are specially certified to teach people with diabetes how to manage their condition. The educators have become an increasingly important part of diabetes care over recent years, Dr. Bintz noted.

Typically a nurse, dietitian, pharmacist, or social worker with specialized training in diabetes education and care management, a diabetes educator helps patients with the disease to learn the tools and skills necessary to control their blood sugar and avoid long-term complications due to hyperglycemia. Unlike an endocrinologist, the diabetes educator can spend as much time as necessary with a newly diagnosed diabetes patient to provide both education and emotional support, Dr. Bintz noted. In the United States, certification is awarded by the National Certification Board for Diabetes Educators.

The AADE meeting, billed as "state-of-the-art education for certified diabetes educators, nurses, dietitians, pharmacists, physicians and other multidisciplinary diabetes health care professionals—and the biggest event in diabetes education," drew thousands of health care professionals to San Antonio.

"With over 100 sessions and 300 exhibitors, this meeting continues to grow larger each year," Dr. Bintz noted. "As in the past, the presence of the AOA was there with a staffed booth that focused on helping AADE members educate their patients on the importance of yearly dilated eye exams and other eye care issues."

In addition to the CD, the Vision Simulator Card, developed by the Ohio Optometric Association, is another "must have" for educators. The card allows patients to view the simulated results of cataract, diabetic retinopathy, macular degeneration, and glaucoma.

Many of the education sessions focused on what is known as the artificial pancreas project, Dr. Bintz reported. The introduction of continuous blood glucose monitors in the past five years, combined with "smart" insulin pumps is bringing the concept of a closed loop system closer. Other sessions discussed using new social media tools and smart phone apps such as GoMeals to enhance the education and compliance of patients.

To learn more about the AADE, visit *www.diabeteseducator.org*.

AOA members can order copies of the Healthy Eyes Healthy People® Diabetes CD at a nominal charge for use in their own diabetes education programs by contacting the AOA Order Department at 800-262-2210.

Shipp named APHA president-elect

Melvin "Mel" Shipp, O.D., Dr.P.H., MPH, was named president-elect of the American Public Health Association (APHA), Nov. 9, during the organization's 138th Annual Meeting and Exposition in Denver, Colo.

He becomes the first optometrist ever elected to lead the 30,000-member APHA, which is known as the "oldest and most diverse organization of public health professionals in the world."

Dr. Shipp, long regarded a pioneering leader in public health optometry will now become the leading representative for all public health workers in America, AOA President Joe Ellis, O.D., noted.

Dr. Shipp is the dean of The Ohio State University College of Optometry.

He has worked with the U.S. Food and Drug Administration, the Health Resources and Services Administration, the National Eye Institute (NEI) of the National Institutes of Health, and the Centers of Disease Control and Prevention (CDC).

He was influential in shaping the NEI's National Eye Health Education Project, a nationwide program with the goal of preventing blindness through public and professional education, and the CDC-sponsored vision health initiative, Improving the Nation's Vision Health: A Coordinated Public Health Approach.

Dr. Shipp has served in a number of capacities with the APHA and was instrumental in establishing the APHA Vision Care Section.

Dr. Shipp is currently a member of Prevent Blindness America's National Board of Directors. He has served on a number of AOA committees.

He will begin his one-year term as APHA president in November 2011 following the association's next annual meeting in November 2011.

'Ask the Codeheads'

Billing surgical codes: With or without visit?

Edited by Chuck Brownlow, O.D., AOA CodingToday and Medical Records consultant

Optometrists have been doing procedures for decades that are listed in the Surgery section of Current Procedural Terminology© (CPT). Among those services are the removal of foreign bodies from the eye and adnexa, correction of trichiasis, closure of punctum by plug, etc. As is true of all CPT codes, they must be used only when the service matches the definition in CPT, and they must be used according to the rules established by and recorded in CPT.

As is true with each section of CPT, the Surgery section begins with "Surgery Guidelines." Within the Guidelines section, one can find the "CPT Surgical Package Definition." It reads, "The services provided by the physician to any patient by their very nature are variable. The CPT codes that represent a readily identifiable surgical procedure thereby include, on a procedure by procedure basis, a variety of services. In defining the specific services 'included' in a given CPT surgical code, the following services are **always included** (emphasis added) in addition to the operation per se…"

The section includes six required elements, the second of which is:

- "Subsequent to the decision for surgery, one related Evaluation and Management (E/M) encounter on the date immediately prior to or on the date of procedure (including history and physical)."

A strict reading of that bullet point would require that an office visit done on the day before the surgery or on the day of the surgery and related to the surgery be included in the reporting of the surgical code and not reported in addition to the surgery code. A literal interpretation of "Subsequent to the decision for surgery" seems to indicate that if a patient enters the office and the doctor discovers the need for surgery during the visit the visit would be included in the surgery and wouldn't be billed separately. As is true for many statements within CPT, this one is not as clear as it might be and therefore leaves room for disagreement and often results in a "judgment call" by the doctor and staff and possibly later by the doctor/staff and a payer's auditor.

Most minor ophthalmic surgical procedures have a zero-day post-operative period.

Consider this example: A patient reports eye pain during the case history, and the doctor finds a corneal foreign body during the slit lamp examination. After explaining the situation to the patient and recommending that the foreign body be removed immediately, the doctor receives the patient's consent and removes the foreign body. Following treatment, the patient is reappointed for the next day to permit examination of the healing cornea. The medical record for the day includes a case history, elements of the physical examination, a diagnosis or two, and notes explaining the need for surgery. The record also includes a description of the foreign body and notes stating that the doctor removed the foreign body at the slit lamp. How should this encounter be billed?

Answer: The surgical service should be billed alone, 65222, without a separate office visit, accompanied by the ICD-9 code appropriate to the corneal foreign body. Even though the patient did not complain specifically of a foreign body, the patient's reason for visit (eye pain) and the subsequent discovery of the reason for the pain (presence of a foreign body) assumes the office visit to be included in the definition of the surgery.

The post-operative visit(s) will be reported separately, of course, as the 65222 has a zero-day post-operative period.

Note: Most minor ophthalmic surgical procedures have a zero-day post-operative period, meaning that office visits following the surgery may be billed in addition to the surgery, beginning on the first day post-operation. Code 68761 is an exception, in that it has a 10-day global period, meaning that any visits related to the surgery are included in the surgery "package" and not billed separately, until at least 10 days post-operatively.

Consider a second example: The patient enters the office for her regularly scheduled visit for the management of her primary open-angle glaucoma. She reports no eye problems or discomfort, but during the examination the doctor discovers vertical scratches on her cornea that stain with fluorescein. The cause of the scratches is identified as the doctor finds several eye lashes on each lid scraping on the cornea. The doctor completes the visit for management of the patient's glaucoma, explains the situation, the patient agrees that the lashes should be removed, and the doctor proceeds to remove the lashes at the slit lamp. Should an office visit be billed in addition to the correction of trichiasis, 67820?

Answer: In such cases, because the reason for the visit was clearly not related to the surgery, the visit would be billed in addition to the surgery, with a 25 modifier on the office visit code, reported with the 67820. The modifier indicates to the payer that the visit was indeed significant and separately identifiable with respect to the surgery and that the documentation will support the appropriateness of billing it in addition to the surgery. The office visit would be reported with the ICD-9 code describing the original reason for the visit: open-angle glaucoma; and the procedure would be reported with its supporting diagnosis, in this example, trichiasis, 374.05.

Questions for the Codeheads? E-mail *askthecodingexperts@aoa.org*.

AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- AOA.org/Coding features a 'Frequently Asked Questions' section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
- AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
- AOAConnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- AOACodingToday.com is an AOA member-only benefit available to all new and renewing AOA members at no cost. CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information, previously available to members for $349 annually.
- AOAReimbursementPlus.com, another excellent Web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate
- Codes for Optometry, is provided by the AOA's Order Department for $125. It is a two-volume set including Current Procedural Terminology© American Medical Association and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry is also available on a CD in a searchable format
- *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section .

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of every day practice life, including those related to insurance programs. Much of these benefits are provided at no cost or at greatly reduced costs to AOA members.

Paraoptometric Section offers staff training close to home

Intermediate Level 2 now offering new units for more advanced staff training

If your practice has a need for ongoing staff development and training, look to the AOA Paraoptometric Section's (PS) Online Paraoptometric Training – Navigator program to meet your needs.

This online program, sponsored through an education grant from Essilor and The Vision Care Institute™, LLC a Johnson & Johnson company, began in 2009 by offering training units for staff new to the optometric profession.

The program has proven to be successful in providing consistent information to paraoptometrics in need of training on the basics of optometric assisting and office procedures.

Whether a practice's staff consists of assistants, dispensers, front-desk personnel, or technicians, they will find 14 units covering a variety of topics beneficial to their day-to-day job responsibilities.

Following the successful launch of the beginner level Online Paraoptometric Training – Navigator program, the PS is now developing Intermediate Level 2 units geared for experienced paraoptometric staff.

Whether paraoptometrics are preparing to sit for a certification examination or looking to upgrade current skills, they need up-to-date and relevant training.

Online Paraoptometric Training – Navigator Intermediate Level 2 is a single source of intermediate learning and continuing education (CE) credits. The 14-unit course will be approved for CE through the Commission on Paraoptometric Certification (CPC) and will be available on the AOA PS Web page.

Upon successful completion of all 14 unit quizzes, mail-in confirmation slips from each unit can be sent to the AOA PS for verification. Successful tests will receive four hours of CE credits.

Paraoptometric professionals will have a variety of topics from which to choose o enhance their knowledge through informative training.

Benefits of online learning

Online vocational training allows paraoptometrics to continue working while engaging in a course of study and allows learners to set their own pace. It is a valuable resource to accompany on-the-job training.

Online learning is highly engaging, takes the best of PowerPoint presentations with audio and quizzes and brings it to the paraoptometric's desktop.

Online training brings the latest information right to the computer without the costs associated with going to a state or regional conference. And the paraoptometric can study anywhere, anytime.

Lifestyles play a big role in the success of online learning, too. Online learning is right for those who are self-directed, motivated, comfortable with computers, disciplined, independent, and able to stay on task.

The Online Paraoptometric Training – Navigator is:

- Convenient – self-paced, accessible for professional schedules, available 24/7, and does not require physical attendance at a conference or event.
- Self-directed – allows students to choose content appropriate to their differing interests, needs, and skill levels.
- Cost-effective – costs are frequently less than what it costs to pay for registration fees, hotel accommodations, meals, time off work and child care.

The first two units of the Online Paraoptometric Training – Navigator Intermediate Level 2, covering contact lenses and intermediate terminology, will be available in early 2011.

To access the online program, staff must be members of the AOA PS. The beginner level is free to PS members, and the Intermediate Level 2 access is only $25 per month for unlimited use by individual PS members.

The PS invites members to take a look at the Online Paraoptometric Training – Navigator program topics, course descriptions, and informational trailer by going to *http://www.aoa.org/opt-n.xml*.

For more information about this program or PS membership call 800-365-2219, ext 4108. or e-mail *PS@aoa.org*

CPC announces new optometric coding and billing certification

Would you like to improve the quality of your coding staff? Are you concerned about audits? Did your office contribute to the 15.7 percent optometry error rate for improperly coded claims? A certified optometric coder is the first line of defense against non-compliance and improper coding for the provider.

A certified optometric coder is the first line of defense against non-compliance and improper coding for the provider.

The AOA Commission on Paraoptometric Certification (CPC) will be launching an Optometric Coding and Billing Certification examination in 2011.

Certification demonstrates a dedication to quality and the highest standards for managing confidential health care information.

In addition, it presents solid evidence to employers that an employee has been trained and tested to implement best practices that in turn advance and protect your practice.

Employing certified coders is prudent particularly due to the government's apparent determination to spot, decrease, and, fine or prosecute fraudulent claims.

Certified coders can help a practice maintain compliance with state and federal laws, add credibility to a practice, achieve better cash flow, and avoid financial struggles.

Certification can help ensure that whoever does the coding in the office is well-trained and up to date on the principles of Current Procedural Terminology (CPT), International Statistical Classification of Diseases and Related Health Problems (ICD-9) and Healthcare Common Procedure Coding System (HCPCS).

The examination will include nine subjects, including CPT, ICD-9, HCPCS, the Health Insurance Portability and Accountability Act (HIPAA), Codes for Optometry, Medical Records, claim filing, and of course compliance.

Other subject matter that will be included is an introduction and history of coding, anatomy and physiology, and terminology.

For additional information, contact *dmleuschke@aoa.org*.

Dr. David Cockrell: Putting patients first through excellent customer service

When David Cockrell, O.D., and his wife, Cherry Cockrell, O.D., started their practice 28 years ago, they had a long-term vision of where they wanted to be in 10 to 20 years. That vision included having friendly, knowledgeable staff to assist them in caring for their patients. Today, that vision allows them to successfully serve the needs of residents in Stillwater, Okla., the 10th largest city in Oklahoma and a state where optometrists enjoy a diverse scope of practice.

Q: Let's start with your board quote. You shared that you became an optometrist by accident. You decided on a career in health care and were accepted into the optometric program. Had you thought about any other career options within health care along with optometry? And, ultimately, once you realized optometry would be a good fit for you, what is it about the profession that motivated you?
A: No, not really. I finished college early without a clear plan for my next step in education. I entered a master's program, completed a commercial pilot's license and took a position as a charter pilot. I was interested in a career in health care and decided to apply to optometry school while flying. When I was accepted to optometry school I went, thinking that if I don't want to do it, then I'll do something else. That's definitely not the typical route, but that's the truth.

I am first a full-time practicing optometrist. Cherry and I began our practice 28 years ago. It is surprising to realize that this fall began our 29th year in practice.

When I am not traveling for the AOA, I am in the clinic seeing patients. I think the thing that drives me is, optometry, like all heath care professions, is both interesting and challenging. The challenges in our practice and profession are many. The day-to-day challenges of providing appropriate care are unending and very interesting.

We are fortunate in the great diversity of our patient base. We have a primary care practice in a rural/small city setting. Because of the setting, our patient presentations are quite diverse. We are able to provide care ranging from InfantSEE® examinations to multiple laser procedures, including refractive laser procedures in our office.

Of the many things that I do in practice, I have come to realize that it is the interpersonal patient interactions that I enjoy the most.

Along with the challenges in patient care are the challenges involved in operating our practice. When Cherry and I started our practice, we envisioned a full scope, multi-doc practice that would provide the many possible areas of optometric care.

We have been fortunate to achieve those dreams and have four doctors and a staff of 25.

> *The only way to achieve a very high level of positive experience/patient satisfaction with the care we provide is through caring, well-trained staff.*

David Cockrell, O.D., AOA trustee, believes his staff is the key to the delivery of the positive experience for his patients.

Q: On the flip side, what is it about the profession that gives you cause for concern?
A: As odd as it sounds, our profession's successes, in terms of the scope of practice over the last 25 years, give me cause for concern. I say that because we still have, in virtually every state, many things that we want to change. Are we ready to continue the advancement of our profession?

Health care reform is now a reality in America. I believe for optometry, it will mean an increasingly rapid integration into the full body of health care, from patient care to regulatory actions. We will have to define what that means to optometry or it will be defined for us by competing entities.

Are we ready for that challenge? Are we ready for the changes required?

Our president, Dr. Joe Ellis, believes that everything we do in advocacy for the profession is about ACCESS. Defining what access means to us is to define some of the changes.

All of those changes ultimately revolve around access. Access may mean enhancement to "scope of practice" in some states, access to patients in others, access to third party panels, and all of the above in some.

Are we ready, as a profession, to make the rapid change into EHRs, into quality reporting? I believe we are as ready as any other health care discipline.

Q: Can you share more information about the specifics of your practice and how you go about fulfilling your goal of "creating an atmosphere that each of our atients will want to return to?"
A: I'm in Oklahoma in a rural practice. When people come into our practice, they want and expect to be met with a friendly, familiar face. In our practice we work to create positive patient experiences. We believe that creating that positive experience starts with selecting the right people for our staff.

For every time one of our patients interacts with a doctor, they interact with our staff a minimum of four to five times.

Out of those interactions, patients typically remember two types of experiences: experiences that exceed their expectations and experiences that fail to meet their expectations.

We believe our staff are the key to the delivery of the positive experience for our patients! The only way to achieve a very high level of positive experience/patient satisfaction with the care we provide is through caring, well-trained staff.

Because we believe training is so important, we require our staff to become certified paraoptometrics.

We have seen the results of staff involvement in the program since its inception and appreciate the value it brings to our office.

We believe in it so much that our office pays the entire fee for each staff member, which includes the educational prep courses for certification, the testing and continuing education.

Q: What do you hope for the future of optometry?
A: During my career in optometry, I have been fortunate enough to see optometry become the entry point for eye care in America.

We truly have become the primary eye care professional in the eyes of the public.

For the future, I hope to see optometry fully integrated into all aspects of health care. We are on the verge of achieving that goal.

When Dr. Larry DeCook was president of the AOA 20 years ago, he set a goal of uniformity of practice. We have made great progress toward that goal. My hope and belief is that we will achieve it.

Salus University to establish endowed chair in honor of longtime public health champion

With the start of its Master of Public Health (MPH) degree and certificate programs in November 2010, Salus University is working to raise the profile of optometry and other health care professions within the public health workforce. The university, which includes the Pennsylvania College of Optometry (PCO) among its four colleges, has a new initiative under way in connection with its new public health program: the establishment of the A. Norman Haffner Endowed Chair in Public Health Policy.

The A. Norman Haffner Endowed Chair in Public Health Policy is the university's tribute to the contributions and legacy of Norman Haffner, O.D., Ph.D., whose name is synonymous with optometry and public health policy.

Dr. Haffner is the founding president of the State University of New York (SUNY) State College of Optometry and former vice chancellor of SUNY.

"Dr. Haffner's leadership within the public health community provided an invaluable bridge to the optometric profession and vice versa," said Anthony F. Di Stefano, O.D., MPH, vice president for academic affairs.

From its inception, Dr. Haffner was the chair of the American Academy of Optometry's Section on Public Health and Environmental Optometry for a period of 23 years.

His critical work with the Department of Veterans Affairs through its Special Medical Advisory Group is well-known.

In 1966, Dr. Haffner constructed and taught the first semester-long course in public health at PCO, his alma mater.

Thomas L. Lewis, O.D., Ph.D., president of Salus University and a 1970 PCO graduate says of his teacher, mentor and advisor: "Norman Haffner has been a thought leader for decades in the profession. Forty years ago he envisioned where optometry is today, and his many contributions to optometry are inestimable."

The Haffner Endowed Chair will be dedicated to the continuation of Dr. Haffner's career-long work of serving society through the advancement of public health education and practice in optometry.

The work of the occupant of the Haffner Chair will be to further the scholarly work of the Master of Public Health program at Salus University.

Norman Haffner, O.D., Ph.D., has contributed to the public health community through his work as chair of the American Academy of Optometry's Section on Public Health and Environmental Optometry, service to the Department of Veterans Affairs' Special Medical Advisory Group, university instruction and other advancements.

Norman Haffner, O.D., Ph.D., speaks at Salus University while Thomas L. Lewis, O.D., Ph.D., president of Salus University, looks on.

The school plans an annual Haffner Symposium in Public Health Optometry at an appropriate venue as well.

Additionally, an Advisory Committee has been established to guide the formation and continuation of the endowment.

The committee's combined experience will ensure that the education and skills training provided to students will enhance graduates' ability to competitively participate in the public health arena, where optometry is currently an underrepresented profession.

Initial Advisory Committee members include Irving G. Bennett, O.D.; Florence Kavaler, M.D., MPH; Robert Newcomb, O.D., MPH; John D. Robinson, O.D., LLD; Irwin Suchoff, O.D., DOS, and John C. Whitener, O.D., MPH, with more members to be named, according to Dr. Di Stefano.

In addition to raising an endowment to establish the Haffner Chair in Public Health Policy, the university's ultimate goal is to influence the development of future generations of optometrists to chart the profession's role, through public health, in the nation's health care system.

This, the university believes, will be a fitting tribute to Dr. Haffner's legacy in optometry.

"Norman Haffner has been a thought leader for decades in the profession. Forty years ago he envisioned where optometry is today, and his many contributions to optometry are inestimable."

Information about these new programs can be found online on the Salus University Web site at *www.salus.edu/publichealth*.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to *TLOverton@aoa.org*.

American Optometric Association

Member Advantage

Through a network of suppliers, Member Advantage provides savings on valuable business, finance and insurance products and services for your practice.

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA Coding Today

AOA Ophthalmic Resources On-Demand

Members' Retirement

Bank of America Card Services

Bank of America Merchant Services

Certegy

Epocrates

Equitable Life Assurance Society

EyeCarePro

Irving Bennett Business and Practice Management

United Parcel Service, Inc.

VisionWeb

National Car Rental

Appraisals for Practice Appraisals & Mediation

ReimbusementPLUS®

Member Advantage Profile: AOA MasterCard® Credit Card with WorldPoints® Rewards

Whether you're shopping online, picking up groceries or booking a dream vacation, use the AOA Platinum Plus® MasterCard® credit card with WorldPoints® rewards from Bank of America.

With every purchase, this card lets you earn points on purchases to redeem for cash, travel, merchandise, even unique adventures – your choice of great rewards for the things you buy anyway.

❖ 24/7 service and security

You can count on representatives being available all day, every day, to delight you with their service. You can also check your balance, pay your bills, change your address, and more through a secure, state-of-the-art online banking system. Plus, you can relax knowing that you're covered by around-the-clock fraud protection, with no liability for fraudulent charges.

❖ An array of benefits

The Platinum Plus® card gives you the flexibility you need. Looking to pay off higher-rate bills? Take advantage of a low introductory APR offer.* Have a special purchase in mind? A full array of Purchase Protection benefits make this credit card an easy and safe way to pay.

❖ Earn cash, travel, merchandise, and more

Every purchase you make with the WorldPoints® credit card gives you points that can add up to a dream vacation, brand-name merchandise, a unique adventure, or extra cash in your pocket.

❖ Everything online

Shopping online with your card is easy — and safe. Plus, you can access your account online and even pay your bill with a click of the mouse.

❖ Rest easy

Your Bank of America® Platinum Plus® card comes with the security of around-the-clock fraud protection. And even if fraud should be detected on your account, you'll have zero liability for unauthorized charges.

We think you'll be delighted by everything this card has to offer. To learn more — with no obligation to apply — just call toll-free 866-438-6262 and refer to Priority Code VAAFEU.

You can also visit *www.newcardonline.com* and enter Priority Code VAAFEU.

For more information, visit www.aoa.org/ MemberAdvantage

AOA's major impact on 2010 election sets stage for 2011 priorities

With the election of John Boozman, O.D., (R-Ark) as the first Doctor of Optometry in the U.S. Senate, optometry was without a doubt a powerful force. AOA-PAC, hundreds of optometrists from across Arkansas and thousands more from across the country actively backed Dr. Boozman's bid to represent Arkansas in the U.S. Senate. (See article on page 9.) But, in other areas of the country, optometry had an equally powerful impact on Election Day 2010.

Concerned ODs and optometry students from across the nation actively supported other pro-optometry candidates for the U.S. Congress, as well as for governorships and state legislatures.

To view full election coverage, including U.S. Senate and House of Representatives races as well as a report from the states, read the "Day After Report" on the 2010 Midterm Election, by following *http://ow.ly/38sqK*. Additionally, optometry's nationwide grassroots efforts were bolstered by AOA-PAC. For this election, AOA members invested more than ever before in AOA-PAC – nearly $2.0 million dollars – to back the campaigns of 329 winning candidates out of 363 endorsed for Congress (producing a 90 percent success rate). To view the 329 winning candidates backed by AOA-PAC, visit *http://www.aoa.org/x11211.xml*.

Now, optometry is well-positioned to work closely with the new 112th Congress – which will have a narrow Democratic majority in the Senate and flip to a solid Republican majority in the House – to help ensure the new Congress is the most pro-optometry ever.

Across the nation, optometrists now holding elective office in state legislatures also turned-out some impressive wins on election night. Optometrist legislators in nine of the 14 states where they currently hold office were up for re-election and all nine won their races.

One such leading OD legislator successfully securing re-election was Rep. Steven D. Tilley, O.D. (R-Mo.), who currently serves as Missouri House Majority Leader and will become Speaker of the House in 2011.

In the coming weeks and months, the AOA will reinforce its commitment to safeguard patient access gains, solidify comprehensive vision and eye health care as an essential health benefit, especially for America's children, and assert optometry's rightful role as providers of primary care. However, organized medicine and the insurance industry and others have a very different plan for optometry's future. In fact, organized medicine has publicly vowed to devote massive resources toward repealing the Harkin Amendment – the first-ever national standard of provider non-discrimination. For more about organized medicine's growing campaign, visit *http://newsfromaoa.org/2010/08/18/organized-medicine-declares-war-on-harkin-amendment/*

To continue to be heeded at this critical moment, it is clear that optometry must do even more to take its proactive, pro-access and pro-patient message directly to both newly elected and re-elected leaders in Congress.

Without a doubt, optometry's impressive wins thus far could not have been achieved without the work of thousands of dedicated OD and student volunteers. But, it is also clear that continued OD and student involvement will be the key to Optometry's future success.

For more information on these critical issues or to find out how to become more involved in federal advocacy, contact the AOA Washington office directly at *Impact WashingtonDC@aoa.org*.

American Optometric Association
Member Advantage

AOA Insurance Alliance

The ONLY malpractice insurance endorsed by the AOA.

created for optometrists, by optometrists

Isn't All Malpractice Insurance the Same?

It's easy to think that all malpractice insurance is the same, but the truth is, it's not. Insurance carriers vary in the coverage they offer as well as their ability to expertly defend you should a claim occur. This makes choosing the right malpractice insurance all the more important.

With the **AOA Insurance Alliance** you are covered for the full extent of services you offer and procedures you perform, and will continue to be covered as the scope of practice grows and changes in your state. Plus, our insurance carrier is devoted *exclusively* to covering and defending medical malpractice claims. These are things our top competitors can't match.

Comprehensive coverage, industry expertise, and compassionate claims service — it's the **AOA Insurance Alliance** difference and the best choice for today's optometrists.

If your malpractice insurance renews soon don't wait — visit our enrollment center now to secure your AOA endorsed malpractice coverage.

Easy Online Enrollment

www.aoainsurancealliance.com

get a free quote | purchase coverage conveniently online | receive certificate of insurance immediately via email

To speak with a program representative regarding malpracitce coverage or business owners insurance for your practice call (888) 343-1998. Coverage endorsed by AOA now and previously are both written on an occurrence basis; therefore, members should have no concerns about inadvertent coverage gaps caused solely by switching carriers.

Learn more about the AOA Insurance Alliance at www.aoainsurancealliance.com.

Program underwriter varies by state and is either PACO Assurance Company, Inc. (A- Excellent rating by A.M. Best), ProAssurance Indemnity Company, Inc., or PICA (A Excellent rating by A.M. Best). The AOA Insurance Alliance is administered by Lockton Risk Services.

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Abbott Medical Optics

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CIBA VISION Corporation

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Essilor of America

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Pfizer Ophthalmics

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Transitions Optical

Driving Patients to Your Practice

Transitions Optical, Inc. is supporting optometrists by driving patients to visit their vision providers through promotions and educational programs that strive to promote healthy sight.

Through the national Read the Green Sweepstakes, Transitions Optical and the AOA are partnering to educate consumers on the link between vision and athletic performance – while ultimately driving them to their AOA doctors for an eye exam and to earn the chance to win exclusive golf-related prizes. Optometrists should remember that each time their patient wins, they will also win prizes, including a free trip to a 2011 Major Championship, a chance to play in the 2011 Transitions Championship Pro-Am or Transitions® SOLFX™ sunwear.

Alongside Transitions Optical's advertising and public relations efforts, AOA doctors can also leverage this promotion in their practice by displaying complimentary promotional materials, available at *www.ReadTheGreen.com*.

Recognizing the important role that healthy sight plays for overall performance in the workplace and the classroom, Transitions Optical is providing optometrists with community outreach programs and tools that are designed to help make eye health a priority among employers and educational administrators.

Transitions Optical offers a variety of materials – including newsletters and vision videos – through its Healthy Sight Working For You program, which optometrists can use to educate employers and their employees on the ways that vision can impact workplace performance and overall quality of life. By asking local employers to come in and speak to the office or by providing free vision screenings, optometrists can schedule appointments with potential, new patients and raise awareness of the importance of healthy eyesight.

Reaching out to local schools can be both rewarding and an effective way to reach new patients and families. Through the Eye Didn't Know That! program, Transitions Optical provides complimentary lesson plans and informational handouts that optometrists and their staff can share with teachers, and fun activities to hand out to students during visits.

By offering complimentary vision screenings to students or presenting on the importance of eye care to parent and teacher groups, optometrists can help families and educators identify children with potential vision problems.

Transitions Optical also encourages optometrists and their staff to participate in local health fairs and events, by giving free vision screenings or handing out literature with your practice information. Transitions Optical offers a number of materials, free-of-charge, through the Transitions Healthy Sight for Life Fund that practices can distribute during events.

Through the Transitions Online Marketing (TOM) Tool, Transitions provides optometrists with resources to create custom materials designed to remind current patients of upcoming appointment and new promotions.

For more information or to access the programs and resources offered by Transitions Optical, optometrists can visit, *www.Transitions.com/PRO*.

Essilor unveils first personalized ethnic lenses in U.S.

Essilor of America, Inc., announced the launch of the first personalized lenses available in the United States designed to accommodate the specific physiology of certain ethnic populations. The new lines of personalized lenses utilize Essilor's breakthrough technology and are specifically designed to meet the unique visual needs of patients of Chinese and Indian ethnicity by accounting for the ametropia, facial anatomy and reading behavior of these patients.

Essilor's research in Asia revealed that Chinese and Indian lens wearers have specific needs. Research and development analysis of more than 200,000 patients in the areas of optics, physiology and how people use their eyes and wear their frames revealed five out of six wearers in these populations have different measurements from the average values for pantoscopic tilt, wrap angle and vertex distance.

Essilor's research in Asia revealed that Chinese and Indian lens wearers have specific needs.

Essilor then used this data to develop patented technology that personalizes lenses for Chinese and Indian eyes. Using an in-depth understanding of specific wearer physiology, Essilor meticulously designed personalized lenses to provide these patients with better vision and satisfaction.

"Significant advancements with our own patented technology have allowed us to be the first to bring these innovative personalized lenses in the U.S. market," said Carl Bracy, senior vice president of marketing, Essilor of America. "Research shows patients in this study are extremely satisfied with the improved vision provided by these groundbreaking products."

Based on changing U.S. demographics and following success in China and India, Essilor is now offering Varilux Physio Enhanced Azio™, Essilor Azio™ Single Vision and Varilux Physio Enhanced India™ lenses as the first of Essilor's new ethnic lens products.

With the attributes of Varilux Physio Enhanced™ lenses, designed with W.A.V.E. Technology 2™, these lenses provide the sharpest vision at any distance and in any light, especially challenging low-light conditions, with easy accommodation and fast adaptation. Varilux Physio Enhanced Azio and Varilux Physio Enhanced India lenses are personalized based on three key areas for Chinese and Indian ethnic groups:

- Ametropia: Varilux Physio Enhanced Azio and Varilux Physio Enhanced India lenses account for the unique needs of different eye shapes.
- Physiology: These lenses are also personalized to the specific facial anatomy of Chinese and Indian patients.
- Reading Behavior: Varilux Physio Enhanced Azio and Varilux Physio Enhanced India lenses provide a personalized near-vision zone for these specific patients.

Research and testing of these new lenses found 98 percent of patients were pleased with their improved vision, with nine out of 10 personalized lens wearers expressing high levels of satisfaction in quality of near vision, far vision and natural transition between intermediate and near vision.

For more information, contact a Varilux sales or lab representative or visit *www.variluxusa.com*.

Shown are 'Frames of life' style Intellectual Chic, GA 828. The frames feature a round shape that reflects the elegant taste of the '40s.

Giorgio Armani launches Frames of Life site, video

Out of a personal and intimate vision came *Giorgioarmani-framesoflife.com*, an interactive online project that enables the user to experience the suggestions and atmospheres of the advertising campaign, personalizing them according to one's point of view.

The user can choose to "become a director" or "become a photographer," creating a personalized video or an exclusive photo album, allowing them to experience life online that can then be shared through social media platforms.

Giorgioarmani-frames oflife.com also permits users to discover and live the new eyewear collection every time in a different way, thereby transforming Web navigation into a truly unique moment.

This project is inspired by the Giorgio Armani archive eyewear collections.

These are more than just reproductions of original models that rediscover the artisan quality of those collections and evoke the spirit of the traditional production methods used to make eyewear in the past, according to the company.

The initiative is also a strategic one, for which the main production lines, typical of those years, have been started up again.

The result is a collection of eyewear that maintains a strong identity linked to how it is manufactured.

For more information, visit *www.safilo.com/en*.

Shamir announces new coating availability

Shamir announced that Crizal® Coatings are approved for even more products. Previously available on Shamir semi-finished products, Crizal® is now available to order with all Autograph II® products.

This new availability supports Shamir's commitment to continue to expand its product compatibility and provide more choices throughout 2010 and beyond.

Crizal® coatings are anti-reflective coatings that when applied to a lens surface prevent glare, smudges, scratches, dust and water.

Based on advanced technologies, Crizal® coatings are developed to counter these common vision problems. The coatings are designed to optimize each patient experience based on individual needs.

Crizal® coatings are now approved to order on all Autograph II® products.

"We continue to push toward ensuring that our products are compatible with a wide variety of coatings and widely available to ECPs who continue to demand them. Each coating provides the patient a different advantage, allowing eye care professionals to offer more choices, according to the patient's needs," said Raanan Naftalovich, chief executive officer. "Many of our partner labs currently using Crizal coatings can now enjoy this approved status and all the benefits that go along with it. This coating announcement expands upon our already existent coating partnerships with leading providers such as Hoya, Zeiss and iCoat," Naftalovich added.

Leading health information source for women offers guidance on children and CLs

Parents and children don't always see eye to eye when it comes to vision correction. Children often feel they are ready for contact lenses before their parents do, and parents often don't know how to determine if their child is indeed ready.

To help parents, caregivers and others better understand options and benefits for fitting children in contacts, *HealthyWomen*, the leading independent health information source for women, is offering a free educational resource, Fast Facts for Your Health: Contact Lenses for Children.

A growing body of research demonstrates that contact lenses provide significant benefits to children beyond correcting their vision and that some children are capable of wearing and caring for their lenses. Studies have shown that children who wear contacts feel better about their physical appearance, athletic ability and social acceptance compared with kids who wear glasses.

While studies have shown that contacts can benefit children, it's important to understand whether contacts are the right answer for a child's vision problems. Fast Facts for Your Health: Contact Lenses for Children offers guidance on how parents and eye care professionals can decide if a child is ready to take on the responsibility of contact lenses. Doctors will typically evaluate a child's maturity in deciding whether he or she is ready for contact lenses.

"Fitting your child in contacts is about more than just improving their vision. It might also help improve their self-esteem and confidence in the classroom," said Elizabeth Battaglino Cahill, RN, and executive director of HealthyWomen. "Wearing and caring for contacts can also help instill self-care habits that will build over a lifetime."

Fast Facts for Your Health: Contact Lenses for Children was developed with the support of Vistakon®, Division of Johnson & Johnson Vision Care, Inc., and can be viewed or downloaded at *www.healthywomen.org/children-and-contacts*.

Fast Facts for Your Health: Contact Lenses for Children is a free publication. For a PDF to use online or for print, e-mail *fastfactschildrenandcontacts@inkandroses.com*.

To receive customized copies of Fast Facts for Your Health: Contact Lenses for Children, for a practice/office, follow these steps when e-mailing requests:

- Provide information to display (i.e., practice name, address, phone number, Web site address) following these specifications:
  - Between one and eight lines
  - Type no larger than 12 points
  - Logo may be supplied to be used in place of name/address. Will be sized to fit.
  - Must fit in upper right-hand corner of publication

December

MULTI-STATE ASSOCIATION ADVANCED PROCEDURES SEMINAR
Oklahoma College of Optometry
Northeastern State University
December 2-5, 2010
NSU Campus in Broken Arrow, OK
Mary Stratton
Assistant Dean
918/458-2095
Stratton@nsuok.edu

MAINE OPTOMETRIC ASSOCIATION DECEMBER "ANNUAL" CONFERENCE
December 3-5, 2010
Hilton Garden Inn, Freeport, ME
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

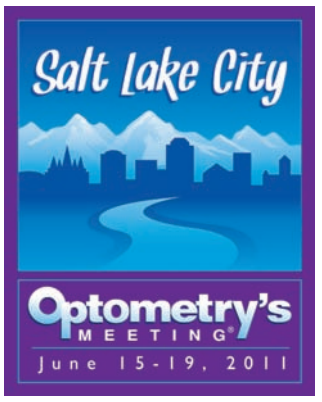
CORNEA CONTACT LENSES, CONTEMPORARY VISION CARE ANNUAL MEETING
University of Houston College of Optometry
December 4-5, 2010
Omni Houston Hotel, Houston, TX
UHCO Continuing Education Office
713/743-1900
FAX: 713/743-1769
optce@uh.edu
http://ce.opt.uh.edu

January

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE VII: "NOW, MORE THAN EVER!"
January 7-9, 2011
The Hollywood Beach Marriott
Hollywood, FL
Don Teig, O.D.
203/312-3123
doc7ct@snet.net
www.ultimateeventsllc.com

22ND ANNUAL BERKELEY PRACTICUM
University of California, Berkeley, School of Optometry
January 8-10, 2011
DoubleTree Hotel, Berkeley Marina
Nyla Marnay
510/642-6547
FAX: 510/642-0279
OptoCE@berkeley.edu
http://optometry.berkeley.edu

ARIZONA OPTOMETRIC ASSOCIATION
2011 BRONSTEIN CONTACT LENS & CORNEA SEMINAR



January 14-16, 2011
Scottsdale, Arizona
Kate Diedrickson
602/279-0055
kate@azoa.org

EYE CARE ASSOCIATES ANNUAL EDUCATIONAL CONFERENCE
January 15-16, 2011
Williamsburg, VA
Linda Cavazos
Cell: 804/356-5165
FAX: 804/745-1773
eca_linda@hotmail.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
VT2 - LEARNING-RELATED VISION PROBLEMS (OEP CLINICAL CURRICULUM)
January 25-30, 2011
Copenhagen, Denmark
Steen Saust, Optometrist, FCOVD
+45 7020 9998
Mobil phone: +45 40 19 96 60
steen-saust@ksi-int.dk

February

INDIANA OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 9, 2011
Ritz Charles, Carmel, IN
317/237-3560
blsims@ioa.org
www.ioa.org

WINTER SEMINAR
Michigan Optometric Association
February 9-10, 2011
Kellogg Hotel & Conference Center, East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.

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Full Name	Complete Mailing Address
American Optometric Association Attn: Robert Foster	243 North Lindbergh Boulevard St. Louis, MO 63141

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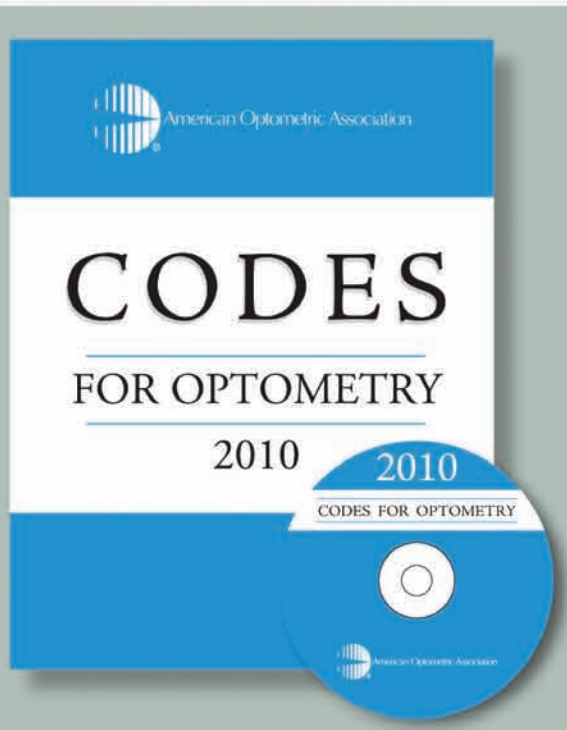

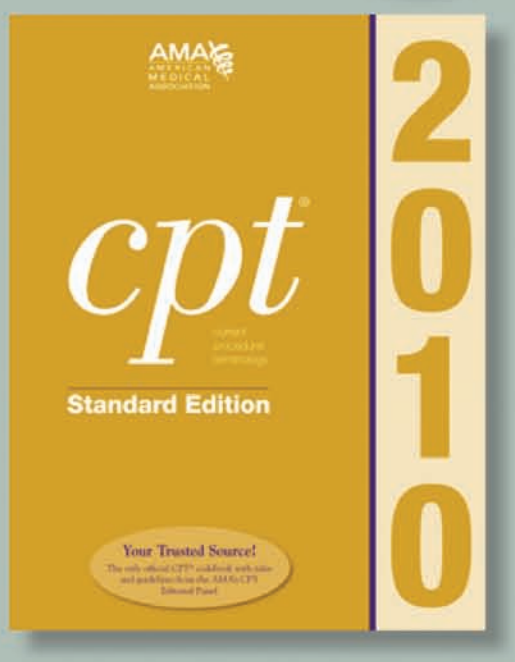

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References: 1. In vitro measurements compared with high water content (>50%) hydrogel lenses; significance demonstrated at the 0.05 level; CIBA VISION data on file, 2008. 2. Based on the ratio of lens oxygen transmissibilities; CIBA VISION data on file, 2009. 3. Ex vivo measurement of lipid and protein deposits on lenses worn daily wear through manufacturer-recommended replacement period; Clear Care® Cleaning and Disinfecting Solution used for cleaning and disinfection; significance demonstrated at the 0.05 level; CIBA VISION data on file 2008.

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